The Secretary's Advisory Committee on
Infant and Maternal Mortality
U.S. Department of Health and Human Services

IN-PERSON MEETING
Mystic Lake Center
2400 Mystic Lake Boulevard NW,
Prior Lake, MN 55372

Thursday, September 15, 2022
9:00 a.m.

Court Reporter: Christina DeGrande

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Term End Date: December 15, 2022

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Consumer/Community Member
St. Louis, MO
Term End Date: March 12, 2025

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P R O C E E D I N G S

ED EHLINGER: Good morning, everyone. I'm actually -- I'm more nervous about today than in the two previous days because this is where real hard work comes in trying to tuck everything in together and make everybody happy and come to a consensus on really complex issues.

But before we get to that, I did leave at your place a -- a -- a couple of tokens of Minnesota, and -- and most everything I do has -- for me, it has some symbolism. Like, just today, I'm wearing my pollinator tie because I think we are in the process of pollinating a lot of ideas that I hope will sustain themselves on the road we are going down.

But also giving you some -- some wild rice from Red Lake, Red Lake Nation up in Northern Minnesota. And the wild rice is an indigenous crop that sustained the Ojibwe way for millennia, and it's one of their regional commercial crops.

California cultivated it and got --

could do a lot more, produced a lot more, but it's not the real thing, Minnesota wild rice.

And the thing is about the Red Lake Nation, the Red Lake River runs through it from Red Lake and it -- it drains into the Red River of the north, which drains into Canada. So it's a north-flowing river.

The other piece that I give you is a piece of Lake Superior agate, is a Lake Superior agate. This stone, I've been told, are 1.9 billion years old, among the oldest rocks on our planet came about from -- I don't know how that -- however they came about, but -- and they were deposited here by the glaciers several million years ago. These agates don't come from Lake Superior. They're Lake Superior agates, but they don't come from Lake Superior. I actually went down to the confluence of the Minnesota River where the Minnesota Rivers hits the Mississippi River, which is not very far from here. It's right by the airport where you're going to be flying out of. And the Minnesota River flows just north of here,

goes from west to east and drains into the Mississippi River. And so I got these agates on the shore of the Miss -- Minnesota Mississippi confluence.

And I think that one is that they -- they're very old, so the problems that we've been addressing are long-standing problems. But we're going to sustain. And the fact that they're -- we're here in Minnesota, where Minnesota -- which is the origin of the Mississippi River flows and connects with the rest of the world through the Mississippi River into the oceans and throughout. And so our work here on the Minnesota River flowing into the Mississippi River is just really a metaphor for us that what work that we do is going to have a long and sustained impact. And it affects more than just, you know, this tribal nation, tribal nations that -- that came and talked to us but everybody. So something that to carry home with you, and I would suggest if you -- the wild rice -- I'm -- my favorite use of wild rice is to make wild rice soup, chicken wild rice soup. And if you have an

Instant Pot, it's the easiest thing in the world. So I would suggest that you use the wild rice and make chicken wild rice soup in an Instant Pot and you will love it. It's a Minnesota tradition.

So thank you for being here and for us carrying on the -- the tradition of SACIMM and having it impact far into the future. What?

MICHAEL WARREN: Just a point I'd like to make before we start. Ed, I want to thank you for your leadership of this committee over the past few years and for your insistence that we meet on tribal lands. I think it has been such a gift to all of us, and there has been so much learning and dialogue and relationship building. And this would not have happened without your push and your persistence. And I know it's not always easy on our end to make things happen that are, quote-unquote, out of the norm. I think this needs to be part of our new norm. And I appreciate you for showing us that and thank you for your leadership.

MR. EHLINGER: Thank you.

LEE WILSON: Good morning. Lee, again. Just wanted to give you a couple housekeeping notes, actually one in particular. Many of you may be aware that this is coming to the close of our fiscal year, so we have to close our books by the end of September, but actually, that means that we need to get all the paperwork for your travel in as quickly as possible. So please just be mindful. We have one staff person who does all of the travel arrangements and vouchers for our staff and for the staff who are brought on through the committee, and we are not the only ones traveling in the month of September. So if you could turn your travel vouchers and paperwork around very quickly and get that to Michelle Lowe through the process, she would be greatly appreciative, and I won't need to give you a call later on next week or something.

If you do have any needs for logistics getting to and from the airport or anything like that, please let me know. We will do

what we can to accommodate. I am not going to be calling Uber for you, but if there's something that needs to be taken care of, we're happy to do that.

We do appreciate all of you taking the time to -- out of your busy schedule not only to call into a Zoom meeting but to actually be here in person. It makes a huge difference in the level of engagement and the quality, in my opinion, of work that we do.

We are scheduled for two in-person meetings in the next cycle, so for the next year, some of you, the new members, will be invited to those. There are a number of members that are falling off either at the end of this meeting or at the end of the next meeting. We do so very much appreciate all of your commitment and dedication and we will be communicating with you on the closeout of your activities.

And a final note from us, we are in the process of working through, navigating a new set of board members to come in and follow on to the ones that have just, or will just

be leaving. Those members we are hoping to have on early in the next year, so there won't be a break in the numbers. We are trying to get to the maximum number of committee members that we are allotted, which is 21, so we are trying to do that.

There will be a third round, third during my time here, and we'll be putting out a call for nominations in the future to make sure that we -- as different individuals that roll up, that we have a full complement. So I have heard you loud and clear that we need to ensure that there is good representation from the populations that we serve most, in particular for this meeting, Native Amer- -- Alaskan Indian and Native Alaskan -- American Indian and Native Alaskan. Sorry.

So, that's all I've got.

MR. EHLINGER: Magda?

MAGDA PECK: Thanks for that update. First of all, thanks for the gratitude and thanks for the update. Experience tells us that you're not at liberty to reveal the names of the people that are in process

until that process has been completed.

Given the recommendations and urgency of including more indigenous voices in our work, are you at liberty to tell us whether or not you anticipate the possibility of having, after Dr. Palacios ends her term, that we will in the short run or medium run, round one or two, have the opportunity to have indigenous voices at this table?

LEE WILSON: We have put forward a nomination package that would represent that. There -- these packages take a -- in some instances, a couple years to go through the process, so -- and there are various stages that they have to go through where decisions are made we are not necessarily privy to. But that is our intention at every step of the way and I don't see any conflict with that.

The other side of this is individuals who may be nominated, their life circumstances may change in that period of time, and so they may no longer be available. So as -- at this point, I can assure you that that is what we are working

towards, yes.

MR. EHLINGER: Any other questions of Lee or Michael? All right. Good. Okay. I'm hoping -- I -- I'm not a good note taker, particularly when I'm trying to lead a discussion, so I'm hoping that somebody who is more savvy on computers can kind of keep track of the -- the input that we have and be able to parrot it back -- I know we have a recorder, but her job is not to be part of this conversation. So I hope some of the -- somebody can do that. And my hope is that -- that we will come to a set of recommendations that we can all agree upon and a context within which we want to place those recommendations. And that -- that we won't finalize the wording of the full document that is going to be, you know, un- -- you know, unrealistic for today but we --

I wanted to -- want to finalize the recommendations and then have some agreement to the context so that we can then work on the document over the next couple of weeks, get it back out to you, and you can then -- if there's any concerns about any of the

context and how it's written up, we can get that feedback, but we're -- and we'll take out anything that people don't like. But we will have a consensus that this is the context. And I -- I'm hoping that -- that we will -- the first part we'll just go through the recommendations that we had put down, and I'm assuming that many of them will be just fine. I did get a little feedback from some that there are some tweaks that we can do in the existing recommendations, and -- and -- and I have some suggestions that we may want to eliminate some of the recommendations.

And then but spend most of our time seeing what -- from what we learned over the last couple days, what really needs to be in this that -- that isn't there. What are some new approaches? And I also want to be sure that -- you know, I mean, I -- I sort of gave you a -- a charge yesterday more to stimulate your thoughts than to lead us in action. If you look at our charter, as Magda suggested we do, it really says our job is to advise the Secretary, the

Department of Health and Human Services. We're an advisory committee we're not like AMCHP or CityMatCH. We can't be an advocacy organization. We have -- you know, we advise and we can recommend and provide guidance.

But yet, I think we want to be as bold as we can within our charge to be advising to -- to be as -- as bold as we can possibly be and -- but not cross the line of being out -- outside of the scope of our work because we don't want to be dismissed as irrelevant or, you know, not listened to. And then we have to recognize that the Secretary is going to be getting the -- this and what will he be able to do with these. What can he use to -- to advance what his administration wants to do or can do.

So I want to keep that in mind as we think of the frame, because I know I've heard over the course of the last two days, you know, we really should demand rights. We should, you know -- - and state this must happen. We can only advise. We can't, you know, say this must happen. We can advise

the Secretary because that's who we report to.

So questions about that, or thoughts?

All right. So let -- let's talk about the -- before we get into the -- the -- the actual recommendations because how we word the recommendations might well focus on the frame. You know, what is the frame that we want to use? I think there's a given that -- that we know that there are treaty rights. There's some obligations that the United States government has committed to relative to the tribes, and those have not been always honored. And more frequently than not, haven't been honored. That is a given. So there are -- and we've heard the term and I -- it comes up -- you know, prepaid, you know, the -- they've already paid for this.

So I think we need to consider that in how we frame it that this is the reality, and it's a -- it's given that the United States has this responsibility. So given that, how do we want to frame that to the secretary? That to meet -- to move towards

meeting those obligations, this is what we advise. This is what we would recommend. How would you think about wording that and framing that con- -- that conversation?

JANELL PALACIOS: One thought is that we can take notes from -- in response to broken promises, there was another -- I'm forgetting which one it is, the tribal budget work group or something, but it -- the wording they used was something about repairing treaties or repairing promises. So we can maybe, instead of taking of, you know -- definitely take away "demand" or "owed," but take more of a stance of "reparations" or "repairing," "repairing treaties."

PHYLLIS SPARKS: I was thinking along the same lines that maybe it's a blueprint or a call to action to restore trust, to enhance relationships, and we recommend the following action steps so that perhaps -- because what we heard a lot, I think, from the speakers over the past two days were more of specific actions that could be taken, and I think if we would move along

that line that might be not as dramatic as demands, but I think kind of convey the will of the committee.

ED EHLINGER: I -- I like that because we heard about the lack of trust and, you know that to build -- in order to move forward there has to be building trust, so restoring trust or building the trust, I think, might be something that we really want to highlight in our conversation or in our report.

Kate, did you have any?

KATHRYN MENARD: Yeah. I -- I like that approach also, you know, restoring trust and having sort of action, some deliberate actionable items that are, you know, concise but -- but using that action term I think is -- it helpful as well.

The -- the -- the term I think, and maybe you're going to get this, so stop me if -- if you are, but I think the equity piece of this is really important to elevate. It -- it not only because it's a huge issue with this population but it has huge implications for the broader

implications, and I know it's exceedingly important to the Secretary. So folding that and elevating that piece of it right up front I think is important and more specifics on that when I come.

ED EHLINGER: Yeah. Joy?

JOY NEYHART: Also adding in a request for response I thought was really important. Reading through the draft last night and the suggestions, it's not -- not leaving it as a passive document, but as a, you know, here's your timeline and -- and can we please get responses, or maybe not please. Maybe, you know, we -- we expect responses.

ED EHLINGER: Yeah. And that's -- I know that was in the Indian Health Service one, do this -- do this evaluation and get the information back to us. I like that. Anything that we can do for action would be good. Marie, did you have a question or comment?

MARIE RAMAS: I just had one addition. The -- the -- the framing, I think, should elucidate efficiency, effectiveness, responsive, targeted action steps. So, you

know, very active framing of the words. And the other thing that I think might help in the architecture of the delivery of the recommendations if we can provide, you know, short term action items, medium term, long term. So there's a level of expectancy of -- of urgency so we can -- hopefully that can help the -- the Secretary grade, you know, what is something that he can do more readily in his staff versus in the long term and planting seeds for after his -- his stay. So those -- those things: Adding timeliness, adding action items, and then considering who is going to be actually reading the document and providing summaries of this document for others. So in -- in light of who is going to use this, who will have access, how can we make this a useable living document.

ED EHLINGER: Also I think -- just a second, Magda. And Kate, to your -- to your comment. In the four years that we have been working on this, we have reiterated over and over and over again that our central -- our -- our north star, being here

in the north star state -- our north star is equity and that the focus is on racial justice and that racism has been at the core of the problems that we have.

So we've stated -- stated that and I know somebody mentioned that we -- we don't mention racism as strongly in this report as -- as that person thought should and -- and I -- I take that to heart. But it isn't that we haven't.

And in fact, there will be a cover letter to this report, whatever it is, and it will be again, to reiterate racism is the big issue. Equity is our goal and that all of these things are based on that as our -- as our north star, as our centering activity. So just to make sure that we're all -- because I think we're all in agreement that that is sort of what we need to build it around.

Magda?

MAGDA PECK: Couple of points. First, I'll start with where you just ended to follow that train. No one will go back and read the old letters. We know they were

written. No one will read the cover letter. So it is whatever is in this document in however format we put it, it has to stand alone. And so one piece of homework for us is to cull out not just in a cover letter but in our own preamble, a SACIMM/ACIMM preamble, that reminds the reader and the audience that this is the next layer that builds upon previous work.

So that's one, is to do the work for the audience, for the reader. Because if -- if the folks in this table don't know what are in all those letters, certainly the Secretary doesn't and all the others. So we need to package it in one place for one-stop shop and not assume that a single link alone will get them. So that's a structural strategy.

Second, we heard a lot about words matter. Language matter. And that's in our preamble. That's in our context. I just encourage us at the end to make sure we have modeled the strategic and -- and appropriate language. I think the legal definition, the cultural definitions, the slide that -- that

Dr. Warne showed yesterday about how to put all those pieces together was -- was very enlightening for me to try to see it. I don't know if that's the only truth, but that is one way. So the idea of -- of seeing that the language we use and some of the frameworks and how we got to that language, even if it's appendix to this document, that it become educational and a model of respectful and learning and best practices, so model the language.

The third. The third is how to build on Dr. Ramas's sense of short, medium and long; how to instill urgency in this document, and -- and that's a challenge. I don't have an answer to it. It's more -- it -- it's the compelling piece of now, given 600 years, given 400 years, given 150 years. So I would hope that a tone of it is both strategic yet compelling and urgent and -- and I -- I have some ideas about that, but these are sort of criteria that I put forth.

The fourth in the cover letter is that it -- and perhaps in it, this notion of -- of urban consult and tribal consultation.

The notion that we are committed to that principle as a governmental -- federal governmental advisory committee and that we have exercised that. So before, during and after. So something about in consultation or following required consultation that is there as part of treaty obligation is one that I put -- put forth.

And I -- I will stop there. I have more, but never give more than three, and I just broke my rule and made it four ideas.

ED EHLINGER: You raise one -- couple of -- lots of points, but one, this cannot be a totally comprehensive document. I mean, we just -- the issues -- we're not going to -- even as it is now, we -- there are lots of things we don't address. So we want to make sure that we are concise so that people will read it and it is not the encyclopedia of all of the issues.

And that's why I think an idea of an appendix where you can put some of the things in there that need to be stated so that we can keep it as -- as concise as -- as possible.

MAGDA PECK: And if I could add one more then, towards that end, I was talking with some of our tribal colleagues, and the focus -- the urgent focus on mothers and babies dying, that is our charge, to prevent the death of moms and babies at its core. It's large, but at its absolute core, that it become a proxy the same way we are lifting up our indigenous families; mothers, fathers, babies, communities, that somehow we know that what makes this report different or this -- this submission different is because of -- and this builds off of your point as the chair -- to elevate back up the -- as the -- the urgency of mothers and babies dying. And -- and to join the urgency that's currently felt now.

So to the degree that this becomes focused -- not everything for everybody. But focused and that that issue that we're dealing with in this particular advisory committee is a proxy. If we do this, then the rest will rise. If we focus on this, the rest can change. So that point which targeting universalism is just in there can

be built to pop, to make the case about why this, why now, and this investment will have a ripple effect to others.

ED EHLINGER: The other point you made about consultation, I do think that our report should really highlight the fact that this report came after we listened and heard the stories from the community itself, from people, and American Indians/Alaskan Natives. That's what this meeting was all about. That after hearing the stories, hearing the lived experiences, looking at the data that -- that they brought and -- and all of the research that we've done, it is based upon that that our recommendations are moving. It is not just an academic thing. It is based on real life experiences and the input from the communities.

So that -- that is modeling that consultation, you know, before we move forward on -- on any recommendations.

Belinda?

BELINDA PETTIFORD: I also would add because I was going to say something about making sure that -- that is noted in the

report that we'd listen because I think that is important that -- that we shared that but I also want to make sure that in our language we don't limit -- and I don't think we are but that we're not limited to the federally-recognized tribal entities because there are so many that are not federally recognized but that these same issues they're dealing with in their own communities and in their own tribes. So I -- I know we got a lot around Indian Health Service and some other areas, but there are issues beyond that, and we just need to make sure that those elevated in the report as well.

ED EHLINGER: Yeah, this might be -- this may be where an appendix would be intro -- helpful to say, you know, make that kind of distinction in what the numbers might be, because I think that is an important point and that's the other thing that -- that, you know, all the advisory committees, you know, have to have some kind of documentation of where it's coming from, you know, references and -- and -- and

supporting documents so that we -- the more of that, that we can have the better it is because we don't want to be criticized that we're just pulling something out of the air but that's -- but that's also where you -- we have to make the point where hearing the stories those that's -- that's -- that's hard data. Those -- those things are really important and so we can't dismiss them even that's -- if they're not articulated in a journal article, in peer-reviewed kind of thing, so -- and that is also going to be needed, one of the points we need to make.

BELINDA PETTIFORD: And I think it's also important that we build into the report that we need to keep listening. So we can't, you know, base it on this conversation but we want the Secretary to keep listening and have, you know, these follow up conversations and whoever else that, you know, he directs and -- and all of our, you know -- and our partners and other organizations that -- that -- that critical piece of listening to individuals with lived the experience.

ED EHLINGER: Okay. And be -- I -- Tara Sander Lee, I'm glad to see your face on -- on the screen. Welcome. Glad you can join us.

TARA LEE: Thank you. Yeah, I know, great to see you too.

ED EHLINGER: Any thoughts that -- that you have on from what you're hearing because you haven't been, you know, in our conversations over the last couple of days, any thoughts that you'd like to share?

TARA LEE: I just like -- yeah, and thank you for understanding I wasn't able to be there in person, but I was listening while traveling yesterday, and I -- just I heard some -- I learned so much and heard some amazing talks, especially the ones about the incarcerated individuals, the -- the talks that explain the -- you know, the travel -- really express the travel difficulties that pregnant women are facing in rural areas. So those talks, like I said, I -- I know that I -- I missed some of the talks and I'm sorry that I'm not there but I -- I do just feel like there needs to

be some really special attention given to -- some immediacy to helping these women in the rural areas received just, at the very least, the basic care that they need. But I mean we need to talk kind of just more advanced care especially for special circumstances.

So that's just -- that's -- that's been on my mind since I've heard the talk.

MR. EHLINGER: Great. Thank you. So if -- if you'd -- I -- I know I will probably be ignoring the screen because I'm focusing on -- but if you need -- if you have something that you would like to say, make sure you put it in the chat and have people let me know that. We'll call on you.

TARA LEE: I will. I promise. Thank you so much, Ed.

ED EHLINGER: Okay.

JANELLE PALACIOS: One of the other issues that I remember hearing was this desire and need that we need to look outside of -- outside of academic learning and education in thinking about how to grow community health workers within the

community and allow that to be a vehicle where more people can enter into a service for these communities. So that is something that in framing that could be mentioned, you know, before, you know, a recommendation. But that was clearly heard yesterday and -- and we had not heard that and that does not come from academic journals, but that was actually a lived experience and -- and desire.

ED EHLINGER: And I -- I loved the thought that science is catching up to the tribes. I mean, I -- I do think that's a point that we need to make that as we learn more, we all -- we're starting to realize that some of the indigenous ways we're -- what we're coming to understand how important they are and -- and how effective they are. So I think we want to try to build that in somehow.

Steve?

STEVEN CALVIN: Yeah. I -- I would second what Janelle said. I'm sorry I was not able to be here yesterday. But the presentation on Tuesday, particularly Socia

Love-Thurman's presentation from the Seattle Indian Health Board, she's an amazing practitioner and had a lot to say.

But what -- what Janelle was mentioning, trying to figure out how to get community -- young people in communities to become interested in things and to try to -- she was talking about how they have a program of kind of -- like, medical assistance and other things that will draw young people in and get them to just see what this would be like. So I -- I was really impressed by that so the more we can promote that, the better.

ED EHLINGER: All right. With -- yeah, Phyllis?

PHYLLIS SHARPS: Yeah. You know, I -- and I think there are models. You know, I know we're not strong on academia, but for instance, my institution, we have a doula program that's more than 20 years and we have trained nursing students, and they go out in my community, it's the urban centers in prison, to provide doula services. So where there are tribal colleges or even

perhaps high school programs or something where you could begin to recruit kids to -- to learn some of these things, I think would be a good model, and we've already heard that from that -- that they want to be consulted as we build programs.

And, you know, a language is important and there are ways to ask when we're screening for some of these difficult -- and issues like substance use or mental health that it would be very good to continue to have tribal consultation.

ED EHLINGER: Good. I also will -- I -- I liked some of the comments that Dr. Warne and the John Hopkins team sent last night, so I will like the historical trauma, the -- the relocation in boarding schools and then we will -- we can build that into the historic context. I think that will -- that will be important.

Marie?

MARIE RAMAS: Another theme that I think would be helpful to add in our preamble or to help create a context is understanding that having holistic

multidisciplinary primary and preventative care reduces poor health outcomes. We already know that on multiple levels, and that is a model that we see actively within our tribal communities already. And so highlighting that again, to your point, Ed, assigns catching up with the indigenous ways that we already know, for many reasons, that multidisciplinary primary and preventive care works.

The second thing is this concept of community resiliency. And I think time in this concept of historical trauma on a specific community and how do we rebuild resiliency so that communities can continue to remain healthy. I think coming out of COVID, there is interesting information that supports this -- this idea of community resiliency. And one way of doing that is instilling individual agency within those communities, so another way to help support this idea of indigenous practices and elevating indigenous practices.

And then I think also -- it's going to be a long preamble. I think also

culturally-appropriate and -- culturally-appropriate approaches is, I think, a translation that is often that we use in this sphere that can help to translate this idea of engaging and deferring to our native leadership in a way that might speak to those who are not integral in the process here today so...

ED EHLINGER: Great. All right. Let's move into the recommendations. We -- I think we -- and we'll -- and some of this context will continue to play out as we talk about these things but I want to -- like, I want to go through the -- the document that we have. And yesterday, I just asked various individuals to take a look at the components that they had -- that we have in there already just to see if there's, you know, any glaring errors. But then mostly, what else needs to be included.

And so let's just start with the -- the first one with prioritizing the health of indigenous mothers and infants and I think, again, language and I -- I will I think we will say American Indian and Alaskan Native

Indian infants and mothers just based on what we heard over the last couple of days.

And then we get to the recommendations. And the -- I think the recommendation that actually the -- from the John Hopkins team, "engage" as opposed to "include," "engage indigenous communities." That's the question, "communities" or "individuals as active and empowered participants working towards solutions." That was the -- the -- the recommendation that was suggested. And that would -- we had, "include indigenous individuals as active participants." That was, you know, a much shorter statement but I -- I like what they had to say. I -- I -- I don't -- yeah. I'm -- the "empowered" -- I don't know how we do that but...

KATHRYN MENARD: You know, and I'm going to take it one level higher, "engage" rather -- you know, why not "lead"?

ED EHLINGER: Pardon?

KATHRYN MENARD: You know, why not -- why not "lead"? You know, why not -- it's pushing them -- you know, position the community members to lead rather than

engage.

ED EHLINGER: And say --

KATHRYN MENARD: It's a matter -- what I heard loud and clear in the themes that people speaking here in Alaska and -- and I'm -- I'm only, commenting on this you know, I'm at -- this document is incredible, but what I heard different and what's in this document was that there needs to be a -- a transfer -- a transfer of -- of leadership, transfer of power, a transfer of governance to improving the health and -- health and health care of the community that -- I mean, the -- the -- the community needs to be decision-makers, right, building on, you know, where we were before.

ED EHLINGER: Yeah. I -- and I -- I like the -- I like the idea of -- I -- well, I was just struggling with trying to build the words and "engaged" or "empowered" might be putting and -- and having them in leadership positions would be one of the -- the ways of doing that. So are -- are -- are people thinking that we need that -- have them as leaders in that however we word

that sort of overall recommendation in that category in indigenous -- or Native American -- Native American and Alaskan Native communities as opposed to individuals and in -- and leadership and individuals in leadership positions?

MARIE RAMAS: May I suggest "key decision-makers," like be very specific? Because I -- I would hate that one would interpret the word "leader" and then that would translate into tokenism. So I -- I wonder if we can be even more specific and, you know, include "key decision-makers" or something to that nature? I had that word --

KATHRYN MENARD: How about "a decision-maker authority," you know "decision-making authority in the hands of the community"? It -- it -- it just -- you know, it's everything. It's -- I think that's even better than "empowered," actually.

ED EHLINGER: Yeah, yeah.

KATHRYN MENARD: It defines it a little bit more specifically.

ED EHLINGER: All right. And also in the -- the -- the following text, I mean we can't have everything in the tag line so we -- we -- we want to maybe put that into the -- the text just that follows that so if you can work on some language for -- for that how to include the -- the leadership, the key -- or leadership, "key decision-makers" in whatever in that -- that tag line and then we can add it into the -- the text after that.

And then we get into the -- so ShaRhonda and Belinda, we're going to look at that. Are anything in the -- in the -- the -- the couple of recommendations, the three recommendations under that -- in that that -- that section that -- that you had -- had any problems with?

BELINDA PETTIFORD: Are you referring to the Title V part? Are you still --

ED EHLINGER: No, no. I'm being -- I'm -- it's -- it's that -- the 1A which is -- and the draft was included, "Indigenous individuals. Active participants." And there were three recommendations underneath

that.

BELINDA PETTIFORD: Thank you.

ED EHLINGER: "Embrace the concept of indigenous data sovereignty, establish tribal state, and national fetal infant mortality reviews, assure at least one member of ACIMM is from indigenous community." Those are the -- the three that we had placed on that -- that 1A.

BELINDA PETTIFORD: No, I did not -- we did not make -- when she and I looked at it together, we did not make changes to those, and we felt those were still very strong.

ED EHLINGER: All right. So that --

BELINDA PETTIFORD: So we want to keep --

ED EHLINGER: Good. Is there anything else in that that we should add based on what we had in that -- that area of, you know, including individual and key leadership positions that we should make a recommendation from what -- what we have heard.

BELINDA PETTIFORD: I will say that we did talk about, you know, where we've got,

"assure at least one member is from an indigenous community," we felt like that we don't want it to be a tokenism piece, so I know whenever you say, "at least one," it tends to be one. So if, really, how do you -- we were trying to figure out how do you change it that it -- the -- maybe in the opening to -- to remind everyone that SACIMM, you know, should reflect the diversity of the population, you know, of this country or -- or the population of moms and babies, which should include -- always include a -- a diverse team of, you know, of thought leaders from that perspective. So don't have the actual wording for it but, you know, experience has taught us that "at least one" brings one to the table.

ED EHLINGER: Yeah, their -- their voice, their -- their presence needs to be at the table. The -- it needs to be there in -- in a -- in a significant way, in a not empowered way, as -- in a key leadership role, you know.

JOY NEYHART: I might suggest going a little further and recommending or -- that

the -- the makeup of the group reflects the -- the -- the disparity in terms of, you know, the -- most of -- the -- the large percentage of infant and maternal mortality is happening in groups that we're saying can have one seat at the table. Maybe that's -- that's not adequate. And so framing that wording to be -- be sure that more of the people who are affected are at the table and -- and -- and less of me.

JANELLE PALACIOS: And I'm trying to look for that, the citation for this. Yesterday we heard that Dr. Bohlen or Meredith -- I'm getting them mixed up a little bit, but it was a recommendation. They specifically recommended, and I believe it's in the e-mail, and I'll look for it that -- that there was someone -- there was an -- Native American person from an indigenous national organization and then someone from a tribal organization, so that you had at least these two people and then -- you know, and not sure, you know, like you need some -- if these people would have academical research experience behind

them, that would also be very helpful. But they were advocating for at least two people from a very -- from a certain kind of perspective. So I will look for that citation.

ED EHLINGER: I like that as -- as I think we -- you should be bold and as we're saying, "Prioritize this population," and I think we should -- like having a -- at least, you know, somebody from these two different perspectives within the American Indian/Alaskan Native community. Because it's not just tribal. It's not just urban. I think we need to have both represented, so I think -- I would think that would be a nice addition or -- or modification of that recommendation number three.

Magda?

MAGDA PECK: And just -- I'm still curious. I learned more about Alaska Natives populations and communities than I have in a long time, and I'm just -- where there's overlap, that distinct difference. And so I'm always bristling at, "at least one" as if one represents all.

And I -- I would -- and I would deference to the plurality of -- of communities. I'm wondering is it advisable to explicitly invite or encourage the invitation or participations of both instead of just coupling it together, Alaska Native and American Indian? I -- I don't know it's a question that I want to raise because I saw such solidarity and -- and incredible kinship, and I also heard that political context matters, particularly in terms of Alaska's situation. So I'm just looking for a voice in representation, not numbers. And so if we're looking for perspective, I have the question about whether or not that needs to be augmented in the -- in the -- in the numbers so that we have both. But I -- I don't have an answer to that.

ED EHLINGER: Yeah. So I -- when we talk about indigenous, I was just pointing out, it is broader than just American Indian--

MAGDA PECK: Right.

ED EHLINGER: -- Hawaiians and -- and others. So I -- we may want to -- this

recommendation say make some that -- our -- our population is very diverse and indigenous populations are -- they all need to be represented on this committee. Their voices and their -- their leadership needs to be part of this committee.

And -- and I -- I don't know if we want to put a number or just they -- they -- they have a -- a strong representation, an appropriate representation, a significant, you know, whatever I -- that all -- all perspectives without limiting it to one or the other populations.

MAGDA PECK: Do you want to follow up, Kate, on that?

KATHRYN MENARD: I have an idea about how that might be made practical, and tell me if this is like against the rules. That's not what I'm doing here.

But -- you know you -- if we can have a one or two or something people genuinely representing that diversity. I was impressed when I -- when I listened to -- that there are certainly commonalities but there are -- there's a lot of diversity

among -- among the -- the -- the opinions that we were hearing and the concerns that we were hearing and the needs that we were hearing.

So we want all that represented, and you can't do that with one or two people. So -- so is it -- is it totally against the rules to have a standing committee. Not -- it's not a subcommittee because we're not all members. Like, you've got subcommittees, work groups within the committees, right, that you set and are time limited and so on. But is there such thing as a workgroup or a -- or a -- that -- that could be assembled on a regular basis that then would be represented that the -- the -- the -- you know, charge one of the committee members or to the committee members to represent that group with a specific -- I mean, that group could be charged with kind of monitoring the progress of this work and -- and then bring in -- you know, make sure you have Alaskan representation and the diverse representation that we're need of. I -- just -- is that --

ED EHLINGER: Yeah. The -- the -- the charter doesn't say that there are any standing committees, but we can put -- we can make committees. But -- but that's dependent upon the -- the committee itself at that point in time. I mean, we could. I don't know when the charter -- you know, if, down the road where they -- when the charter gets to be renewed, setting up some committees that would actually -- standing committees that would have that kind of focus might be --

KATHRYN MENARD: Can they include people outside the committee? I mean, we've been carefully vetted, and work groups, as I understand it, are people that have been, you know, put all their investments on the table and everything, you know. But can they be -- can we have committee members that -- or not committee members but sub group or work group members that have not gone through that process?

ED EHLINGER: Yes, yes. They -- the work group -- the -- these are ad hoc work groups, and we brought in content experts

and ex- -- and people with lived experienced as part of the -- the work groups.

LEE WILSON: So -- so if I may, your current charter allows for Ad Hoc committees for you to assemble them, and they can continue operating.

If you have standing committees, there are rules around standing committees to make sure that those standing committees are also represented, and they need to be lodged and tracked and monitored to make sure that they're not making decisions separate from the will of the committee. It becomes a bit more cumbersome.

I guess my question for you -- the -- the other thing that's important to remember is that the committee is not the decider of the individuals who are on the committee because not only are there concerns about whether or not there's ethnic and racial diversity, but there's geographic diversity, professional diversity, gender diversity, and a whole array of different categories that we're checking.

So it might be worthwhile to make

recommendations broadly or if there's a specific thing that needs to be called out but knowing that the committee will be evolving over time and will be focusing on different issues, it might be just good to talk to your intentions as opposed to trying to prescribe what the future looks like. That's just my input.

KATHRYN MENARD: Yeah, so an intention of for example having a structure --

BELINDA PETTIFORD: Can you speak in the mic for the --

KATHRYN MENARD: So the intention Lee, if I'm hearing you, it would be, you know, to put a -- a structure in place? And that would be our own. It wouldn't be a recommendation to the Secretary, necessarily, our own -- our own recommendation to ourselves to put a structure in place whereby we're continuing to receive -- the committee's continuing to receive input from the community, the diverse --

ED EHLINGER: Correct.

KATE MENARD: -- the diverse aspects of

the -- the community and at that -- the -- that information is represented by, you know, a couple of our committee members, something like that.

ED EHLINGER: So -- so what I hear is that -- that in that, you know, recognizing the diversity within the indigenous community, not just the American Indian/ Alaskan Native, within the indigenous community, we want the Secretary to assure that there's -- those voices, those perspectives are represented on this committee in -- in the membership of the -- of SACIMM.

Magda?

MAGDA PECK: And -- and just as a follow-up, I -- this is a question to Lee and -- and to -- to Dr. Warren, can you help us understand, again, the role of ex-officios and the structure in this advisory committee to bring that with -- across HHS and across the cabinet from the executive branch? I'm just wondering about how -- how is the IHS participation not by invitation the com- -- are they

ex-officio members? Can we look explicitly using the ex-officio membership to also assure those accountable for the outcomes of our indigenous communities and populations are also represented. So I'm looking for both SACIMM memberships.

But I think we have a missed opportunity when we've been knocking at the door of one agency, and if there was a membership accountability from an ex-officio perspective, we might have more leverage for inter recommendations so that if the Secretary says, "Be there" especially if we were to elevate up is one of recommendations that was made, that there would be some greater locus of accountability within HHS for tribal outcomes specific to women, children, families, and fathers.

So I'm trying to figure out if we could look at a recommendation and -- that is -- that's paired with this to look for the voice of -- within government already. And I just don't know what your thoughts are about that. If that's -- or is that more pro forma and no one really pays attention,

to be honest, and some folks always show up.

MICHAEL WARREN: Thank you for that question Magda, I'm just pulling up the charter to refresh. So sort of the -- what I would say the usual expected ex-officios that have been over the charter for a while, lots of HHS folks. In the last iteration, as I recall, it was an effort to broaden that. So for example, in addition to the HHS -- and within HHS, so there's the HHS Office Women's Health, the Office of Minority Health, HRSA, CDC, and specifically with CDC, it's Interim Birth Defects and Development or Disabilities and Division of Reproductive Health and National Center of Health Statistics. And then CMS, the Administration for Children and Families or ACF, the NIH, specifically NICHD, Indian Health Service, SAMHSA, and then it goes on to enumerate other departments outside of HHS; so Department of Agriculture, Education, Housing and Urban Development, Labor, and then it says, "Any appropriate qualified representative of the department of HHS or other agencies of the federal

government designated by the Secretary, so...

MAGDA PECK: Right. So towards that end, I could imagine approaching interior at this point. And I just think there might be some opportunities in that may or may not need to be in our recommendations specifically, but if we're going to look for the outside, we -- what are the lessons we kept hearing from the national organization is look inside first. And so that's what we're doing in SACIMM.

And -- and -- and towards that end, the other alignment question I asked you, individually I would like to raise here for a question is, the Secretary's many advisory committees, and there was mentioned, I thought I heard, of a tribal com- -- of -- on tribal health or tribal affairs that there's a Secretary's advisory committee on, and I just think the alignment specific to indigenous communities with -- with -- with existing infrastructure of advisement would be also so that we're not coming new at this.

I heard a certain sense of some of our national organizations, like we've been doing this for a long time and you're just coming to the table. I -- I might have -- you know, with my weird hearing, I might have picked up on something that wasn't there, to be honest. But I think it's a -- it behooves us to have done our homework, and so I -- towards that end, it's more of a request to do this audit and to know how do we align this work now with this focus with what already is preexisting and how to leverage the folks that are already in the leadership roles, particularly if there are indigenous folks who are being tapped and tapped and tapped and tapped again. Like Dr. Warren is saying, I serve on this rural one. I serve on this one. So I just wanted to put that out there as a strategy.

ED EHLINGER: So I think that should be a recommendation, actually, in this. So if you could draft some -- I -- because I think having these different organizations -- we talked about that little bit --

Yes. Yeah. I think that would be

perfect.

MICHAEL WARREN: And Magda, to your point, it's called a Secretary's Advisory Committee, or STAC, S-T-A-C, and I can send you the web link that talks about the -- the purpose of that.

I do think it's interesting, based on the conversations we've had the last couple of days, "Purpose is to seek consensus, exchange, use, share information, provided advice and/or recommendations, or facilitate any other interaction related to intergovernmental responsibilities or administration programs including those that arise explicitly or implicitly under statue, regulation, or executive order."

ED EHLINGER: All right. Let's move on to -- so we are going to add one recommendation back. We're going to change the -- the assure at least one member to, you know, more -- to be more broadly defined and more in- -- inclusive, and with this --

So now to 1B which is, "Mobilize federal agencies," and that -- again, the recommendation of the John Hopkins Group

was, "Mobilize federal agencies, state agencies and funding to end data erasure by accurately" -- so they added, "end data erasure by accurately identifying and including indigenous people in policy and development processes."

I'm not sure that -- I'm not sure about the -- in the tag line and the data erasure piece but the -- I'm curious what people thought about that.

JANELLE PALACIOS: I advocate for the data erasure because that is exactly what is happening where something else or where an asterisk. So I think that is -- it's timely and important to say that.

ED EHLINGER: All right. We're going to take just a -- a -- a three-minute or four-minute pause here because we -- yesterday we did not get everybody on public comment, and so we have somebody. It's ten o'clock, I assured them that we would have public comment at ten o'clock. So...

LEE WILSON: Okay. One last time. Good morning again. On the public comment front, we had one individual who had

requested an opportunity to speak and because of the lateness of our deliberations yesterday, we weren't able to have the meeting with Candy Hansel or the presentation from her about her public comment. She is with us online.

Candy, we'll give you three to five minutes to make your comment, and then if the committee has any follow-up questions or comments that they'd like to share with you, we'll give them an opportunity.

So, please, the floor is yours.

CANDY HANSEL: Thank you very much for allowing me a couple of minutes to talk. I really don't have a presentation prepared. I mostly wanted to be sure -- because I -- I -- unfortunately, I wasn't able to attend all the presentations on the first two days, and I had wanted to.

I -- it's my understanding that the topic that I just wanted to make sure people were aware of that was not mentioned, if it was, I apologize but I did not hear that.

And I just wanted to -- especially since some of the board members are new, I

just wanted to be sure that people know about the epidemic -- or the outbreaks of syphilis that we're having.

So I'm the STD nurse specialist for the Minnesota of Health, but they -- they -- increases that we are seeing has not only -- have not only happened in Minnesota, we're actually overall a low incident state, but this is an issue that's happening all over the country and the rate -- the populations impacted have really changed over the last five years to the fact that most of our new cases were often in males over the age of 40 prior to about 10 years ago. And now, about half of our cases are in females of child-bearing years and we are seeing an increase in congenital syphilis cases.

So I'm only bringing that to your attention so that you're aware. I know -- I'm not saying it's any more important than a lot of the other issues that people brought up. It's just that in my 22 years of experience working in STDs, I find the STDs are frequently overlooked as well. They don't happen to a lot of people, so

they're not quite as important.

So I just wanted to raise that awareness a little to let people know that we are quite concerned in Minnesota, at least, I'm sure across the rest of the country, about the rates of syphilis in native women who -- especially those who are pregnant.

So that's the only thing I wanted to say. I'm not here as an official representative, I just asked to be able to bring this to your attention.

LEE WILSON: And we very much appreciate your input on -- on this very important topic. Let me ask the committee, are there any comments or questions that you have for Ms. Hansel?

ED EHLINGER: Candy, this is Ed Ehlinger. Thank you for bringing up this issue. When I was commissioner at the Minnesota Department of Health, when I started, there were no cases of congenital syphilis. Midway through my term, congenital syphilis became an issue. And it just shocked me. As a pediatrician, I

thought this was an issue that was -- had -- was eliminated, and it's not. And it's particularly prevalent in American Indian and Alaskan Natives for a whole variety reasons, because of the lot of the social conditions. So thank you for bringing it up, and it -- it just highlights the fact that -- that what we're focusing on today is really important, the -- the -- the issues that face America Indian and Alaskan Native communities, this being one of them.

Belinda.

BELINDA PETTIFORD: Belinda Pettiford. Janet, I also want to thank you because I'm in North Carolina. We're seeing increases in congenital syphilis in -- in several parts of our state. So thank you for reminding of us -- of this critical work that you're doing here in Minnesota and how it impacts many of our families around the country. So thank you.

CANDY HANSEL: You're welcome. Thank you.

ED EHLINGER: Joy.

JOY NEYHART: Pretty much the same. In

Alaska, the cases are also increasing, and this is just another impact of the neglect that has been happening. So thanks for bringing this up.

ED EHLINGER: Magda?

MAGDA PECK: It -- to follow up on that from an action perspective, I think it would be helpful to look to both CDC and HRSA to look at the current investments that are currently being made to national organizations as well as to state, local, and tribal and community organizations to address this. I know this is -- it -- that is being -- it's being done specific to communities who are most vulnerable, but I don't know whether the audit is there. And I'm looking whether or not something -- you have some comment on this because I know that there's some funding perhaps going to CityMatCH and others that look specifically at this. And I think we should be educated as a community as we either incorporate this into specific recommendations relative to indigenous women and infants or more broadly for the -- for future consideration by the

committee, you know, past this iteration.

So any comment you want to make about current investment and recognition of this issue so as opposed to yes we know.

KRISTEN ZYCHERMAN: Thank you -- thank you, Magda. Yes, we are aware of the issue occurring in many different states. We do have a center specifically focused on this and we will get back to the committee on the investment.

CANDY HANSEL: And if I can say one more thing. Excuse me. Probably one of the most critical things to understand about syphilis that many of you know, probably, is that it's entirely preventable. If people -- if women, especially when their pregnant, are tested early enough and treated early enough, it can be prevented, and the fact that our medical system is not providing the level of service regard- -- whether it's tribal health or Indian -- Indian Health Service or any of the other various health services that see native women, that has been our biggest challenge is getting medical professionals to

understand this disease didn't go away, and you need to test women three times now during pregnancy, not just once. So whatever help can be invested in that is appreciated. Thank you.

ED EHLINGER: I can -- we may not specifically mention congenital syphilis in this report, but we are addressing the issues that contribute to the development of that in this report. And I know that the members of this committee who are going to be staying on after December will have the opportunity to take this on among the other issues that we're identifying that are not going to be in our report that are still really important. So thank you for bringing this up, and I -- I know that this committee will address it in one way, shape, or form either as the predisposing conditions but all -- or in this report and maybe later on more specifically in -- in other kinds of infectious diseases that -- particularly sexually transmitted infections. So thank you for doing that.

LEE WILSON: Thank you, Ms. Hansel.

CANDY HANSEL: Thank you very much for your time.

LEE WILSON: Thank you Ms. Hansel. I'd also like to make a note that we will put this on our parking lot for future discussion with the committee. If any of you have strong feelings about when you might like to receive some input and what that input might like look, we can provide an opportunity or provide the resources to pull together some background materials. We can work with CDC on a presentation around resources as well as strategies that may be being employed and if you'd like a preparation on that, we can arrange something like that for you in the future.

So thank you and that closes the public comment period for this session.

ED EHLINGER: Thank you, Lee. So getting back to recommendation 2B. I -- I like the -- what is suggested the -- most of it, that was by the John Hopkins, "Mobilized federal agencies and states -- state agencies and funding to end data erasure by accurately identifying and including

indigenous people."

I don't want to put "in policy development processes" because this is more about data collection as opposed to policy development --

MAGDA PECK: Right.

ED EHLINGER: -- so that the focus and this part is about data collection. Any concerns with that, Magda?

MAGDA PECK: Well, I was just going to give some comments on the overall preamble to -- if I could.

ED EHLINGER: The preamble of --

MAGDA PECK: Of the data section that you're reading --

ED EHLINGER: Okay.

MAGDA PECK: -- about erasure.

ED EHLINGER: Yep.

MAGDA PECK: Because I think that the more that we not look at them individually but put it as a bundle, like what's the lens we're going to look at, the more strategic. And I think it cuts across. So I just wanted to tick them off about the filter that I created from what I heard over the

last two days in particular. There's the issue of data erasure and data as a weapon of oppression. There's the issue of data sovereignty and ownership within, particularly, treaty obligations. There are the issues of data methods, in particular the dynamics of small numbers and data and racial classification, especially around mixed race. There are the issues of data partnership and data leadership in addition to participation that would and in -- in participation interpretation of the meaning of the data.

There are the definition of what constitutes hard data, and I'd like to suggest we heard "hard" as in difficult to hear data, hard data to include stories and more qualitative nature to be able to illustrate the data. And we -- we -- and that builds an earlier recommendation we've had and I think in recommendation number -- - letter number two.

We heard about data interoperability and connectivity across data systems both within government, at different levels of

government, and the public and private sector.

And we also had data that lead to research of whether it's new discoveries or, in fact, the rediscovery of what has been indigenous knowledge and wisdom and to legitimize that as -- as -- as evidence.

So those are the lenses that I wanted to consolidate that we can then -- that I use as I went through the -- the points that you'll get to that -- and -- and it was "erasure and," and there are language that I would like to suggest that we can, perhaps, look at that could reflect these different recommended lessons, recommended filters and lenses through which we can look at this particular section.

So I don't know if that resonates, but I wanted to kind of sum up what I heard and then take a fresh look at 4 through 11 and see how those principles can be applied.

ED EHLINGER: Do you have a recommended tag line at the top that -- that would be encapsulated, or is it fine the way it is with the agency -- "funding to end data

erasure by accurately identify including indigenous people"? I mean, is that tag line enough to set the stage?

MAGDA PECK: It -- it -- it certainly can. I might add in terms of strengthening updater systems and capacity.

ED EHLINGER: Okay. Now, we're --

MAGDA PECK: And what I would add to it because the context is erasure or oppression or sovereignty that I -- I think the buckets are culture systems and methods.

And the last is that it was not mentioned is the notion of it says, "Adequate reinstate funding." The notion of reinstating anything is mild, and so I just wanted to, to quote our Secretary. So I would like us to also figure out where do we put in, in the intro the notion of investment in resources and funding and that are sustainable and how that fits to mandatory versus piecemeal I'm not quite sure, but I --

ED EHLINGER: So -- so now that you have the --

MAGDA PECK: -- I want to have a look

at that.

ED EHLINGER: -- why don't you -- you know, so you were charged to look at the data pieces. So look at the -- what we've got down. Are those adequate and what things should be added? You know, this was 4 through --

MAGDA PECK: 11.

ED EHLINGER: 11.

MAGDA PECK: There are small -- in terms of each bucket, there are ways to consolidate the notion of classification which is 6, 7 and 8. There are ways to make this shorter and bundle them differently. I don't think there's anything here that is -- I don't think there's things missing that was here, but I think that the notion going from short-term specific to long-term investment needs to be better reflected here, and these tend to be low-hanging fruit, quote-unquote, shorter term doables, but I wouldn't take folks off the hook for how -- what this leads to.

ED EHLINGER: So which is -- which raises the process question is we want -- we

won't -- we won't be able to rewrite these --

MAGDA PECK: Right.

ED EHLINGER: -- things today. But would the -- the committee -- given the sense of what we're trying to do with these, do we consolidate them? The issues will be maintained. No new issues will be brought up, but they'll be more concisely written. Would you be willing to vote saying you approve that even though you don't see the final wording of -- of that consolidated?

MAGDA PECK: And I would add just the language of the focus on maternal mortality or maternal mortality review committee should and some -- and so I think I idea of assuring that is maternal and infant and the notion of national standards and there may be national, state, and local standards and practices. So these are embellishments that I would add that would be particular to number 4 if it's federal state agencies. So I just say there's ways of making sure that we're not unintentionally leaving out a target level or population or change.

ED EHLINGER: Excellent. Excellent. Good. All right. Anything else in that section that -- ShaRhonda?

SHARHONDA THOMPSON: ShaRhonda Thompson. Number 8 was an issue for me. The -- the statewide training for others to identify race and ethnicity, to me, honestly increases the chance of racism because how are they supposed to identify without asking the person, flat out just saying, "Hey, what race would you prefer to be identified as"? I don't think we should train them to try to recognize a person's race because that can lead to assumptions that are incorrect.

JANELLE PALACIOS: I -- I think that the training was exactly that it was to create a national standard of helping people who are collecting that data understand the process of self-identification. And -- yeah. And so it -- it is a little muddy when you're looking at it, and we do not want to assume we know. So I think -- I think we can, maybe, kind of work on it a little so it's clearer to support self-identification.

Thank you, ShaRhonda.

ED EHLINGER: Thank you. All right. Anything else, Magda, in this section?

MAGDA PECK: And I just respond to the -- that when the language says, "National statewide training," flags go up. I think implicit in that what I was referring to earlier and I would love to make sure that maybe you can help me with this is to look at -- you know, to implement, you know, to design and implement, you know, training on, you know, at -- at -- at -- across localities tribes. That the state because if it doesn't happen at the local level and then local systems. And so thank you for -- for shining light on that statement. And I think there's -- whenever things are inferred, they could be misconstrued. So will you help me with that? Thanks.

ED EHLINGER: All right. Moving on to --

KATHRYN MENARD: Can I add one more thing in? I'm sorry.

ED EHLINGER: Oh, I am sorry.

KATHRYN MENARD: Thanks. I didn't see this.

ED EHLINGER: Just jump in.

KATHRYN MENARD: It's two -- two -- two points. One is that I think I was asked to review the section on inter -- inter -- on violence, and there's data -- data segments within that that I questioned whether they should better be in this data section. So just when we get to that, might consider whether that's appropriately --

ED EHLINGER: Yeah.

KATHRYN MENARD: -- moved over. But the -- the point -- the question, I guess, to in -- in this section, one of the problems with maternal mortality reviews, I think, for this population is it's -- it's a small number, right? And then that death, the -- the maternal mortality is sort of, A, we talk about it as kind of the tip of the iceberg, but we can get a much broader picture of reviews if we look at -- and include morbidity. Some states are able to do that, and given that the number of births, even in -- in our tribal communities

is well relatively small, the number of deaths is -- trying to put "relatively small." Could we include the language of supporting financially and -- and in process expanding it beyond more -- morbidity from moms but to -- I -- beyond mortality morbidity --

MAGDA PECK: And we heard --

KATHRYN MENARD: It's just as simple as adding some words.

MAGDA PECK: And we heard that yesterday with the -- this the numbers are small. We use "pregnancy-associated" or "pregnancy-related mortality" because if we do something more specific, the numbers won't be large enough. So I think, also, moving to "severe maternal morbidity," and so let's play with that to make sure that we're being inclusive.

ED EHLINGER: Yeah. And we do mention that in the -- the violence and murdered and missing indigenous women and girls. We mentioned the "pregnancy-associated" and "pregnancy-related."

KATHRYN MENARD: Yeah, the

"associated," of course, will get, you know --

ED EHLINGER: Broader.

KATHRYN MENARD: -- Belinda and I have tons of experience with the term "mortality." It gets broader. It gets to social determinants of health and in a very, very important way. What the morbidity will -- by doing the morbidity, you'll get the -- the related morbidity. You'll get at systems of health care that -- deficits, gaps that are in place and -- and able to identify those gaps and patch those.

ED EHLINGER: So -- so we may want to put that in some of the text that -- leading up to this.

All right. Let's move on to 2, "Improving the living conditions of indigenous American Indian and Alaskan Native mothers and infants and ensure universal access to high-quality health care." I asked Joy and Janelle to -- to look at this. And there are five recommendations on that. The first part was the social determinants of health. Joy,

any -- anything jump out at you from -- from that?

JOY NEYHART: I had a few comments on -- on the recommendations. Expand -- specify cross-agency relationships, I'm -- I'm -- I'm -- the assumption is you mean between H -- HHS and HUD. So that was in number 12. In -- a lot of this is just wordsmithing recommendations or suggestions.

But in number 14, "Dedicate funding to support" should be a little strongly -- more strongly worded as a "adequately fund."

And then number 15 instead of "for mothers, fathers and same-sex couples," for "all parents." And then the wording, "in order to promote the health of indigenous parents and infants" sounds a little more paternalistic than I'm comfortable with, but I don't know -- I don't know how to better word it. So thoughts about that would be welcome.

And number 16, "In consultation with tribal members, review Medicaid access -- eligibility criteria and streamline or make less onerous the application process and

continue to care and -- and continue care at least one year postpartum and for 12 months for the infant and expand Medicaid eligibility to include more indigenous mothers -- more mothers period," so that's...

MARIE RAMAS: Can you say that again?

JOY NEYHART: For number 16, my thoughts were, "in consultation with tribal members, review Medicaid access eligibility criteria and streamline, make less onerous, the application process, continue Medicaid coverage to at least 12 months postpartum and 12 months of age for the infant without need" -- basically, without need for reapplying.

ED EHLINGER: All right. Any other -- Janelle, anything on that? I don't know if you --

JANELLE PALACIOS: Sure. Magda, I wasn't sure if this is where -- you know, building on the HUD cross-agency relationship that this is where all the other -- that exactly would go. So that's why I -- I added -- I added Magda's

suggestion. And, let's see.

I -- I just -- to be kind of consistent I -- I took out "members" in the last recommendation and -- and I put "in consultation with tribal communities and organizations." Yeah.

ED EHLINGER: Good. That should --

JANELLE PALACIOS: And -- and every where there's, "indigenous," we'll make it AI/AN.

ED EHLINGER: Anything new? Oh, ShaRhonda?

JANELLE PALACIOS: Go ahead.

SHARHONDA THOMPSON: In reading the paragraph before the recommendations, in order to not be mild, there's wording that says, "Inhibited them from accessing essential high-quality health care," I would like to change the word esse- -- "essential" to "promised."

JOY NEYHART: Actually, I -- I forgot that I did have comments about that paragraph as well since that was part of what Janelle I were -- were tasked with.

SHARHONDA THOMPSON: But I would like

to change it to "promised" because -- they -- that -- that is a promise that this -- that the U.S. made to them was high-quality health care.

ED EHLINGER: I -- I would -- I would keep "essential" and -- and "promised" because both are accurate, both are appropriate.

Magda?

MAGDA PECK: On number 14, we heard clearly that is not just telemedicine. It's investment in broadband. And I'm not sure if that fine is -- if there is opportunity for us to be able to put the infrastructure piece in to go along with the intention.

JANELLE PALACIOS: Right. That -- add that, "access to broadband," and yes. Add, "access to broadband," and that there's work I understand that's -- that is being done, but strengthen that.

And then there was a suggestion from Don Warne's team to also just include home visiting, you know, support for home visiting program again since telemedicine -- while we're waiting for broadband to catch

up in rural communities, that we could continue to support programs that are working.

MAGDA PECK: Right. I -- I have -- I had on 15, but was there another one on 14 that you wanted to -- I -- on number 15, the notion about, we also heard, and I want to just make sure we're not intentionally not augmenting this statement because of that, to research and consider maternal and infant health benefits and physical impacts of -- of payment innovation models, not just paid maternity leave. And I -- and I think that could be a leading example but that -- that we heard an example of, you know, paying women to come to prenatal care. We've heard of financial incentives. We've heard in a previous early -- on from Isaiah Malawi from -- about the San Francisco model of -- of -- of essentially cash payment and -- and that also speaks to up autonomy.

And so, Janelle, anything -- thoughts about that? I just wanted to say that this particular one of paid maternity leave is essential and putting in its context of,

essentially, fiscal incentive models.

ED EHLINGER: Yeah. I -- I like that idea of -- of having a category where there's a whole variety of things, and I would like to make sure we keep paid maternity leave because that's -- that's --

MAGDA PECK: Right. Right.

ED EHLINGER: -- a beautiful thing --

MAGDA PECK: Right.

ED EHLINGER: -- right now that's on the table in many places. So we can have both.

JOY NEYHART: Thank you. May I back up to the paragraph just under 2, this -- the thought about wording for the second sentence, "However, social, economic geographic, and environmental conditions along with poor policy decisions have prohibited indigenous populations from accessing essential high-quality" -- I'm not sure about that wording -- "health care." And then, "policy program and funding decisions must prioritize improving the social, economic, and then environmental conditions of indigenous people and ensure

universal access."

So those are -- you know, I don't know if that makes a difference, but those are words that are -- are -- are stronger as sort of -- sort of suggested to do.

JANELLE PALACIOS: Yep. No. Great. I can -- I was taking notes as you were talking and -- and we can make it stronger, yes, that these are due to policies. And so very little light editing.

JOY NEYHART: Mm-hmm, yeah.

ED EHLINGER: Good.

MARIE RAMAS: Only social determinant that I don't see addressed here is transportation. So I would suggest that we make that a line item because it came up so often, particularly during our two days here and -- and potentially, I -- I see availability of transportation services but I don't see a -- an answer to that. So all -- all indigenous folks there can be an argument that says, yes, there are some transportation solutions.

We heard from our Alaskan indigenous representative that -- yes, they -- they do

ship people hundreds of miles when they're actively in labor, and that's a transportation solution and available transportation, but it's not necessarily safe or effective.

So I would suggest -- I would suggest adding or considering to shift "availability" to "appropriate, safe affordable, and alternative opportunities if transportation is deleterious to -- to the patient's health and well-being," or I'm -- so -- I -- I'm not sure about the actual wording but, again, the -- the -- the ethos is that just having access is not enough. We want safe, effective, affordable alternatives as well.

And there was also the notion of bringing services to communities so that might be an area where you could -- we can include that notion of for patients or communities that are in remote areas exploring, encouraging, comprehensive and inclusive community-based services in response to lack of transportation.

ED EHLINGER: That would be -- that

would be a good addition to that -- that section.

JANELLE PALACIOS: Would -- do you think it would be okay to frame it of this is enhancing access and then when -- and then given, I guess, assure the availability of safe and effective affordable transportation to and -- and then the some -- and then wording about the -- bringing services to the community members, right?

MARIE RAMAS: Yeah, I think that would be effective.

ED EHLINGER: Excellent. All right. Let's now go on. Eval- -- excuse me -- to be -- to be or not to be. "Evaluate, sufficiently fund." Go -- go ahead. You're -- you're in my -- in my field of vision.

JOY NEYHART: Yeah, I know. My -- so it's really in follow up to initial 16. We spent a little bit of time talking about Medicaid eligibility criteria which is state specific. I heard yesterday and was really struck by the possibility of -- of getting state legislators and state public health out of the -- out of equation. And I wonder

if we could do something actually much stronger than what's -- than in 16 and recommend that. The -- the -- you know, an amendment that would allow direct entry into Medicaid where the tribal communities could have their own criteria and process for -- the -- the -- enrolling in Medicaid is -- is -- is cumbersome in some counties, in some states --

UNIDENTIFIED SPEAKER: Yes.

KATHRYN MENARD: And not in others. And if the tribal had -- community had their own process, maybe it would be better.

ED EHLINGER: I fully support that. We -- I think this is a good -- thank you for bringing that out. I think we need to have recommendations related to that direct access for American Indian and Alaskan Natives. If we can come up with some wording -- people -- are people in agreement with that?

JOY NEYHART: Yes. And part of that, though, is how to make it easier, less cumbersome for enrollment because you know, you -- an obvious tribal health beneficiary

may not be obvious because they don't have the required documentation. I run into this over and over and over with the children I serve. And while I know that they know and the whole -- all of my colleagues know this child has beneficiary status, there's no legal documentation.

And so be careful about if you're going to go above that and say all, okay, all tribal health beneficiary indigenous people should have this kind of access, underneath that is that proof and not everybody can come up with that readily depending on their birth situation.

ED EHLINGER: Were there -- was there anything in the Affordable Care Act with the tribes that we could use as -- as a model because they had a different kind of access to the benefits of the Affordable Care Act?

JOY NEYHART: I don't know that, but you -- you -- still, the limiting factor on all of this is proving your status. And -- and that's difficult, at least in Alaska, I run into it over and over, and I don't know how it is with the lower 48 indigenous

people.

KATHRYN MENARD: Is there a -- there's not a CMS or any -- on this committee or -- or Ad Hoc to this committee, is there?

LEE WILSON: There is an ex-officio from CMS on the committee. I'm not sure if -- yeah. Kristen, Kristen, are you on the line?

KRISTEN ZYCHERMAN: I am.

LEE WILSON: Does somebody want to ans-- ask a question?

KATHRYN MENARD: I was just wondering -- I didn't have a specific -- I mean, you were listening in on the conversation. I -- I don't know that we're all familiar with what's possible, but --

LEE WILSON: So -- so couple questions, Kristen, that have been raised is, one, I think, a broad question is, would CD -- would CMS have any comments at some point, as an ex-officio member, on a recommendation that might be made by the committee around gaining direct access for individuals who are American Indian or Native Alaskan into Medicaid separate from going through a

state-based process for application and enrollment?

And the second would be, are there any categories of individuals who are under the Affordable Care Act were sort of brought in directly through eligibility into Medicaid separate from going through whatever a state process might be? Is that -- does capture it? So and I know this is off the top of your head, so you're probably going to need to say you need to look into this and provide feedback, but anything you do know off the top of your head would be appreciated. Thank you.

KRISTEN ZYCHERMAN: I am -- I am not the eligibility expert here, so I would probably have to take this back to my eligibility colleagues. I come from the division of quality and health outcomes so I'm more on the quality and measurement piece and quality improvement. But I can certainly take that back to -- to my eligibility colleagues.

ED EHLINGER: Thank you very much. We appreciate that. ShaRhonda?

SHARHONDA THOMPSON: I recall Dr. Warren saying that it would work perfectly for those federally-recognized tribes, right? But what about all of the urban indigenous people or -- that aren't affiliated with a federally-recognized tribe and getting a direct access, how would that work?

ED EHLINGER: That -- that is going to be -- none of these things are going to be simple and one size will not fit all. We raised some good points, but I think it is -- I think we should have a recommendation about somehow looking at direct -- and then maybe some comment about figuring out ways to have people who are not registered members of tribes, how they might also have similar access. I -- I just don't know how to do that but we'll try come up with some wording on that.

All right. Let's move on to -- to the -- the -- this the IHS section. Did you -- we had five, six recommendations that we had. Anything that we wanted to change or add related to this?

JOY NEYHART: Yeah, in terms of 2B the -- the heading B, I -- I can't -- "evaluate, sufficiently fund, and improve IHS." We -- we learned that IHS was the enemy or... so how do we reword that to add in according to mandated, responsibility, agreement, you know, what -- how do we reference the -- the historical obligation of the federal government to the Indian health service in a succinct heading? I don't -- I don't -- I don't know. That's one -- one thing I brought up or -- or I thought of.

ED EHLINGER: So we tried to make that's that point in the little preamble to this section?

JOY NEYHART: Yeah.

ED EHLINGER: If there's some way that we could strengthen that the wording in that preamble, you know, we'd be glad to do that.

JOY NEYHART: Even just that title. I feel like I'm bringing more problems than answers but I don't have the answers but I can -- I can see that this isn't strong enough or doesn't -- doesn't tell a story

in -- in the -- in its title.

ED EHLINGER: So what's -- what's the concept that you would like to put in the title that we could --

JOY NEYHART: Again, referencing mandated responsibility according to whatever -- whatever laws are already there that -- that IHS should -- should be -- has an obligation and needs to fulfill it rather than saying, okay. Evaluate, sufficiently fund and improve this, you know.

ED EHLINGER: To -- to meet the mandate of the -- of -- of treaties and -- and federal policy, something like that.

Janelle, any thoughts?

JANELLE PALACIOS: No. I -- I agree with you on this. And -- and -- so it's fulfilling treaty obligations or meeting treaty obligations, right, to improve the health status or improving Indian Health Service. But yes, we can work on the -- but we're getting the sense the -- what we want to communicate, that is, to fulfill this obligation, and it's to improve the health.

And the Indian Health Service in one arm is one of those methods of improving the health.

Any changes you want to make to the -- the body? Anything else to include in the introduction to the recommendations that we have? You know, largely we're just trying to communicate that -- you know, aside from this treaty obligation historically, it's been underfunded. It's starving. It's a starving service, and, you know, how can it -- - you know, it -- it's set up to fail, yes.

JOY NEYHART: Yes.

ED EHLINGER: And I think this -- this is a place where we can -- actually, that prepaid, that whole concept of prepaid that we heard over and over and over again. So that --

JOY NEYHART: Yeah.

ED EHLINGER: -- you know, this is -- they're -- they're not getting what they paid for.

JOY NEYHART: Right. And I don't -- I don't feel like I --

ED EHLINGER: They -- they -- it's a consumer protection agency issue.

JOY NEYHART: Yes. And I don't -- I don't feel like I have enough historical knowledge and -- and expertise to -- to hone the -- the body right after that -- that -- the title because there's a lot of information in there, and there's going to be people better than me to manipulate that but -- but getting to the recommendations, I had a few -- a few things.

It's num- -- in 17, I would remove, "And provide adequate mandated funding." And I hate the word "provide" because it's -- it sounds -- it still sounds like, you know, asking rather than, you know, meet your obligation.

Number 18, "Initiate a comprehensive assessment to be performed by the indigenous recipients of the quality of care delivered in Indian Health Service hospitals." So that is a suggestion. I don't -- I'm -- that -- that -- my ignorance about compact versus compact or contract, I don't know what that means in number 19, so much.

In number 20, instead of "Improve communications between IHS and tribal communities," "involve tribal communities before changes in IHS policies and programs are implemented" rather than let them know when you're going to make changes.

ED EHLINGER: Good, good idea.

JOY NEYHART: 21, take out "ensure that and -- and be more forceful, "services provided through IHS facilities must be developed in coordination with tribal members and must promote and respect the cultural and spiritual practices of indigenous women." I mean, these are little things, but I think language matters.

ED EHLINGER: That -- that gets at the -- you know, using the word "must" gets at the "demand" versus "advise." And I know that will raise red flags.

JOY NEYHART: It's a statement. It's -- I mean -- I don't know.

ED EHLINGER: And I think the -- we could say -- the treaty obligation says this is supposed to happen.

JOY NEYHART: Right.

ED EHLINGER: In order to make that happen, you should do this. Fulfill -- fulfill is a good word as --

JOY NEYHART: Again, I'm -- I'm new to this and I -- I don't filter well, and I'm not able to avoid the gorillas in the room.

ED EHLINGER: Yeah. No, I'm -- I'm fine with that, but -- you pushing the envelope but, you know, I mean I'll -- I'll push back as I see appropriate so -- and ShaRhonda?

JOY NEYHART: And I know I don't know everything.

ED EHLINGER: ShaRhonda.

SHARHONDA THOMPSON: When it comes to 19 and 22 who is doing the audit and evaluation?

ED EHLINGER: Yeah, I think one of the things I heard, we should actually -- and I just -- I think I just heard to have a -- a American Indian-led assessment, American Indian-Alaskan Native-led assessment on these issues.

KATHRYN MENARD: Can I -- can I ask a question here?

ED EHLINGER: Sure.

KATHRYN MENARD: This -- I mean this in -- this section entitled be, is it -- I think contented to include -- it says, "Improve the India Health Service." What does that "improve" encompass? Is this quality of -- quality of the services of the Indian Health Service? Is that it more than that? I mean --

ED EHLINGER: I think it's more than that.

KATHRYN MENARD: Yeah.

ED EHLINGER: I mean, Indian health Service -- that was -- I asked the question, you know, what -- what's the total budget of IHS, and what -- how much of it goes to Medicare? I think they do a whole lot of other stuff --

KATHRYN MENARD: Right.

ED EHLINGER: -- but I think it gets a lot of money for do other things and -- and it all impacts Indian country. So I -- they hope this is broader than just the delivery of service.

KATHRYN MENARD: So 19 is -- is the

broad. 22 is related, right? Maybe they should be combined. I wonder if this -- I -- I've heard a bit about this ACOG contract, and I --

ED EHLINGER: That number 22 is -- is a specific health -- I think it's a specific health care delivery kind of activity. I don't think -- but we don't know because we don't know what's in the ACOG contract. I don't know if they're looking at social issues, if they're looking at --

KATHRYN MENARD: I can tell you a little bit of what's in it because I -- I'm an ACOG member and, you know, I have -- I have that. I can -- if they -- if you're interested. I mean, yeah. To see it and hear it, you know, there's a big mystery.

They can't -- they -- the reason that the A -- ACOG hasn't produced that report, the H -- H -- I don't -- I have no idea why IHS wouldn't produce the summary report. I have no idea.

But it's a -- it's a -- it's a contract. It's a $145,000 a year. Drop in the bucket, right, when you talk about

something that would evaluate quality. They go in once a year to a geographic location and do quality reviews. ACOG does that -- well, has a -- has an organization that will come in at a hospital's request to do quality review. They bring a team in to do quality reviews and they go through a structure on that. And there's a brief report that's generated from that that's confidential because it's patient information and stuff like that.

And then they do education. They do also education and then they do -- they'll -- the -- they'll coordinate courses that -- that helps with the staff development for $145,000 a year. You know, it's -- you know, and why -- why you couldn't have that list of courses that they offer is beyond me. But it's -- it's that --

ED EHLINGER: Yeah. Well, but I'm -- you know, I -- the point is, we -- we haven't gotten any information. When -- when -- however big it is that's irrelevant, it is the fact that we're not getting the

information, and it -- and it could be an important tool.

JANELLE PALACIOS: Exactly. I mean, the point I made is that if ACOG is coming in or any -- any organization is coming in to kind of level up the providers that are giving care to people, then what's the foundation of care that the IHS was providing that they had to be leveled up? And that is what I believe these reports could be useful in eliminating if we're not getting those answers directly from IHS. And it's a drop in the bucket, but it's also a seat at the table for 40 years that ACOG has had a hand in determining what kind of policies and changes are made in an institution.

So it is very important. We need to know what's going on. SACIMM needs to know what's going on. And it -- nothing has happened in the -- the -- the 50-year relationship.

ED EHLINGER: Lee?

LEE WILSON: Yeah, I just want to provide a little bit of background from some

of the work that we've done on this topic. We reached out to ACOG specifically to see if they could provide information to assist with this process, and I do think it's important to -- for all of us to be reminded because they reminded me of the fact that they are a recipient of funds and they have a contractual obligation to Indian Health Services. They are not at liberty to share information that is not approved by IHS for release and approval.

So I do want to just ask you to think about when you're making a recommendation, who you're making recommendation to, so that it is directed to have the maximum impact as opposed to, you know, if you make a recommendation saying "ACOG must, ACOG can't until directed by someone else," so...

ED EHLINGER: Yeah. And I think -- I think this record -- are -- this is under the title of improving rel- -- the services of Indian Health Service, and I -- the focus is asking IHS, not asking ACOG.

JANELLE PALACIOS: Yeah.

KATHRYN MENARD: Sure. But in

reference to limited information that I gave, I think that's pretty high level. Okay.

ED EHLINGER: All right.

LEE WILSON: There's a --

ED EHLINGER: Somebody wanted to talk?

LEE WILSON: Can you elevate Charlene? Charlene, did you want to make a -- Charlene, did you want to make a comment verbally?

CHARLENE COLLIER: Oh, I was just trying to verbalize the language around mandating -- or the -- the established mandates. So it -- not needing them, it has been a source of the health inequities and, you know, poor outcomes we've seen. And I think it has to be very clear that that is a direct contribution that's exacerbating the poor birth outcome is not fulfilling what's already mandated so it -- it's -- I think using strong language there is not only, you know, stating the obvious, but it's also acknowledging that it's a -- it's now a contributor. So it's like it was there to correct the problem in the first place, and

now it's a source of the problem.

So it's just to say I just would, like, without delay must meet the mandate because that in doing so is -- we -- we want -- more is, in fact, needed but how can you ask for more when we're not even fulfilling the mandates so that -- you know, that's the point I was just trying to support others who were -- were bringing that up already.

ED EHLINGER: Thank you.

JANELLE PALACIOS: What -- something that we haven't discussed, really, is that how do we -- what is the measurement of adequately funding, right? So there's a tribal work group budget, or tribal budget work group. There's so many different acronyms stuff, but there is a -- a division of people that have expertise in trying to advise how much funding should be allotted to Indian Health Service. So it might be worthwhile to consider citing or referencing some sort of source because "adequately funded" could mean ten percent more than last year.

CHARLENE COLLIER: And I'll add to that

just I -- I know there's, like, "unprecedented," that has been used, like "more than ever" has been used, but that, again, doesn't mean adequate. It doesn't mean enough. Even if it's historic, it still can be -- I know that it was mentioned yesterday that more than ever has been given, but I agree without having a clear of -- of what is needed that "even more than ever" can still just be a fraction of what's required.

ED EHLINGER: Right. "Funding sufficient to," it might be one way of getting at -- at that -- that in order to do what needs to be done.

Magda?

MAGDA PECK: I'd like to just bump back very briefly with a specific recommendation relative to number 22 and number 19. This notion about the end of our work is making something publicly available is necessary but I would say insufficient. I would encourage language that says, "Make results publicly available," that there's the -- what's missing is, "And to report on what

actions have been taken as a result of findings." It's the actionable part, not the report and especially for a contract that is over extended period of time to be able to see how reports which are as identified yesterday by Dr. -- or day before by Dr. Christensen, clinical in nature and about standards of care, then the question is in a quality improvement spirit, what happens because of what you've seen. So the notion of just shining light on -- on what was recommended without necessarily knowing what happened.

So I -- so I will be able to gladly recommend some specific language there, and I'll come to that. But the concept that I waned to get first is doesn't go far enough for 19 or 22 when we say, "Let's make them available." And I will stop there.

ED EHLINGER: Yeah. That -- that -- that takes it a step beyond what I think those audits can do. They -- you audit what's going on, and from that audit, then it -- the -- the people who can make decisions, can use it to move forward as

opposed to that audit can't say what the next steps are going to be. They can recommend what the next steps are going to be but they can't follow up on what the next steps are going to be because that's somebody else that needs to do that.

JANELLE PALACIOS: That could be ACIMM, right? So would you say and make available or share with ACIMM?

ED EHLINGER: Well, you know, we advise the Secretary. The -- the decisions are made to move ahead are CMS, are the Indian Health Service, are other organizations that actually provide some of the -- so we can recommend what you would like to see happen, but to make it happen it's really somebody else's responsibility. We're just an advisory body.

Marie?

MARIE RAMAS: To that point something that I'm -- I'm curious about is how do we incentivize the work to be done so the end measure is to reduce disparities. And so the end measure is to reduce maternal morbidity mortality and infant morbidity

mortality. I haven't seen requirements of reporting of those statistics and we addressed that. But then taking it to a next level, we have examples in commercial insurance side, accountable care organization, value-based care, advanced payment models where they instill quality measures in reporting, and that also helps with funding opportunities for -- for clinical entities.

And I'm wondering if this would be, one, a place where we can advise to explore possible alternative incentive models to promote improvement of health disparities regarding maternal infant morbidity/mortality and I think that would speak to the question of what do we do when we have the public information. So I mean, I'm just curious, is that within our purview to -- to suggest exploration of concrete health outcome expectations and reporting?

ED EHLINGER: They get -- if it gets in -- that gets into some major complexities of -- of -- of things that I don't have enough understanding of to -- I think to

make a recommend -- I think we're -- this -- this isn't going to be a staged kind of activity, and I'm thinking that what we're doing is saying, we're in first step in doing the evaluation. As that comes back and we learn more about it, what are the next steps to take. Then -- we are then getting into some of the other alternative models as opposed to us jumping ahead of the evaluations to suggest certain approaches before the audit is done and the evaluation is done. That -- that's my thinking.

MARIE RAMAS: And -- and I agree like we can't put the cart before the horse, and I also recognize the level of urgency that was expressed to our committee over -- over this couple of days as well and throughout our sojourn. And so I'm wondering from a -- again, if we are going to approach from a timeline perspective and, you know, short-term, midterm, long-term type outcomes, would -- wouldn't it be appropriate to at least plant that seed that it is not enough just to demonstrate and educate and see the information, and we

strongly encourage our partners to start actively working towards re- -- you know, workflows and processes to reduce outcomes or disparities.

ED EHLINGER: Yeah. I think that would be -- that would be -- that would be fine because that's a logical step --

MARIE RAMAS: Okay.

ED EHLINGER: -- you know, and that's getting -- like you say, getting the cart before the horse.

MARIE RAMAS: Thank you.

ED EHLINGER: ShaRhonda?

SHARHONDA THOMPSON: Thanks, Lee, for elevating the information about ACOG not being able to give us that reporting without IHS approval. It leads to questions, though.

Is there any American Indian or Alaskan Native representation on ACOG, and if not, can we recommend that takes place?

ED EHLINGER: Well, we're -- we're recommending -- our recommendation under the Secretary -- our recommendations are not to ACOG. Our recommendations to the Secretary

are that American Indian/Alaskan Natives need to be represented on all of these committees, you know, so that -- I mean, it -- it gets you at what you're getting at but not directly with this specific recommendation. And -- and I -- so I don't want to get into the micro details of many of these things because it -- it takes us into the weeds.

I'm conscious of the time. It's 11 o'clock. We have an hour and a half left. So I want to make sure that -- that we move forward, and I know Steve, you -- do you have to leave.

STEVE CALVIN: Yeah. I'll need to leave pretty soon for an internment over at Fort Snelling, but -- yeah. If we -- if we move to the workforce --

ED EHLINGER: Yeah. So let's -- so let's -- let's -- so let's finish. So let's -- you know, hang -- anything else, we'll come back to IHS, but I think we need to -- Steve may have to be leaving us soon.

So diversify the workforce, and we had five recommendations. So any thoughts that

you had in -- in reviewing those, Steve?

STEVE CALVIN: Well, I'm -- I'm in total agreement that we definitely have to do everything we can to diversify the workforce and I think, you know, that the -- the data is there that it's -- IHS is having a hard time filling positions and having been a recipient of a National Health Service Corps scholarship a long time ago, which helped me pay for medical school, I -- I think these kinds of scholarship programs are -- are wonderful, and I think, you know, we need to look for ways of tweaking that to make it work even better for under representative -- under represented communities.

I -- especially, number 24, the lifespan training, and that gets back to the -- to Socia Love-Thurman and then what they were talking about is having students that -- that have this experience all the way from the beginning of -- of an entry -level experience, so the more that that can -- I -- I -- I think that -- you know, that's -- that's a good recommendation.

But one thing I was going to ask because I wanted to know, you know, Janelle as a representative of midwifery -- she'll be coming back, but -- and maybe even Kate as well to -- to weigh in -- number 27, the -- the recommendation to allow certified professional midwives -- and I'm a huge fan of midwifery. I work with certified professional midwives. I'm not in our current birth center but in the community -- is to just maybe have others weigh in on that. I mean, it's a recommendation. It's pretty broad.

I don't know. Kate, do you have any comments -- you know, so we're -- we're recommending a specific type of midwifery to be licensed and provide care in all these jurisdictions. And I'm -- like I said, I -- I am a fan of midwifery in general and -- and -- and midwifery, I think, the -- the future -- ACOG --

Actually, I'll the -- the future is that from a -- from workforce studies, there are not enough obstetricians and family, well, medicine doctors, so I want to

acknowledge Marie and others, provide care, especially in rural areas. Anyway there -- there aren't enough physician providers. Midwifery is going to be required. There are only, I think, 35 training programs. We're sort of under training the providers of care, primary providers of care.

So anyway, I wanted to bring that up not -- not to say I disagree with it but to just be careful about it in how we analyze that.

ED EHLINGER: Kate, any thoughts?

KATHRYN MENARD: Just that -- that that accredited midwifery education programs can be -- and I -- and I'm not going to come up with the right term, so I'm hesitating a little bit, but there's -- what -- what is that that could be more specific, I guess? And I could come up with the terms that the birth settings that -- and the organization of the national cabinet produced put in their recommendations but the broader availability and -- and use of it was, I think, is really important to this document. So I -- I don't have the -- the right words

but I -- we could sharpen that, if you like.

I think that the -- the piece that's not here that we heard from the community members that -- that -- that -- that spoke to us is that their need for training for indigenous or -- or for traditional -- traditional birth workers is important and those folks can potentially work alongside, you know, the midwives who are trained nurse midwives and -- and -- and certified nurse midwives or -- but the question of whether that should be independent, I think, stands out there.

ED EHLINGER: All right. I like the idea of adding that to, you know, something related to traditional birth workers and -- and do -- you know, I -- I think we had -- I don't know if we have -- I thought we've -- we do a lot of work at doulas but have we -- you know, expanding the definition or expanding the scope would be, I think, a good -- good thing.

KATHRYN MENARD: I'll do a little bit with my language.

ED EHLINGER: Okay.

JOY NEYHART: (Joy.) And with respect to nurse midwives and not nurse midwives, we have to be careful because each state licenses -- licenses -- may license differently. In -- in the state of Alaska certified nurse midwives are able to practice independently. And then there are other direct entry midwives who also practice independently.

So we -- we have to be careful about wording. You probably -- you probably know more about this than I do, Dr. Calvin, but --

ED EHLINGER: You know, we're -- we're encouraging the states. We're encouraging them --

JOY NEYHART: Yeah.

ED EHLINGER: -- to expand not --

JOY NEYHART: Yes.

ED EHLINGER: -- not mandating them to expand because we can't do that.

JOY NEYHART: No. But we have to be careful that we're not supporting one over the other either in terms of direct entry versus certified nurse midwives, I think.

ED EHLINGER: Phyllis.

PHYLLIS SHARPS: And I wonder if there's -- and you could expand that to include the other advanced practice nurses, specifically pediatrics and family nurse practitioners who would care for the -- the babies once they're beyond infancy.

STEVE CALVIN: Yeah. And I would be interested in -- in Janell's thoughts, just about the sort of focusing on CPMs and that in number 27.

JANELLE PALACIOS: I think that -- I'm just looking at one of the work group members shared with me language for -- you know, to allow certified professional midwives who graduate from and accredited midwifery education programs to be licensed and provide care in their jurisdictions -- to allow certified midwives to be licensed and provide care in their jurisdictions. So I think it is trying to be expansive as possible recognizing there are state differences, and let's see, and -- and maybe -- I didn't realize this, but HHS does -- does not allow -- do they allow midwives,

nurse midwives, and certified midwives to enter into a loan repayment program, right? So I thought CNMs were involved in the loan repayment process along with physicians, and so potentially, if we're trying to expand that would include nurse practitioners at those levels -- physicians assistants at those levels that are providing in that similar care.

And, of course, as we heard yesterday, expanding the scope of birth workers to include -- to having something inclusive that is recognizing what the community desires and wants and needs without having a barrier of licensing, the language about licensing or accreditation.

ED EHLINGER: Yeah. Kate was going to kind of looking to see what we might be able do with it traditional kind of other -- other birth workers.

BELINDA PETTIFORD: Just -- oh, I'm sorry.

ED EHLINGER: Okay.

BELINDA PETTIFORD: I was just making sure, was Kate working on it to include

language around doula services, community health workers, or she looking at a diff- -- because I want to make sure that's included.

KATHRYN MENARD: What I just wanted to look up for the group was what the National Academy put into their document and whether we need to go past that it's going to be dec- -- the Academy's -- I mean, this group's decision, I think, okay? So no. If this -- I wasn't working on the -- no. I think if we decided the doula and traditional health worker piece should be added but separate from what I'm --

ED EHLINGER: All right. So let's get clear on number 27. What are we -- are we -- are we going to include advance practice nurses? Are we going to leave it certified nurse midwives?

JANELLE PALACIOS: Include them all. It's needed.

ED EHLINGER: For me, I like -- I'm -- I like to be more inclusive than exclusive, and I think we need all of the workers we can, and I particularly like the advanced practice nurses and -- and all things -- you

know, the pediatric care in addition to the maternity care. So I would include those, and they're -- somehow they might have to reword this a little bit. And then --

ShaRhonda.

SHARHONDA THOMPSON: And by doing that, would that also take into account the -- the tribal -- trying to think how to word this. I know one of the -- the panel members brought out how the tribes have their own way of training, like, their doulas and -- and midwives, so would that include their culture and the way that they train midwives and -- and doulas on their own?

ED EHLINGER: So -- and -- and I think we're -- we're -- I'd like to have another recommendation that gets at the -- that could include the traditional -- other traditional birth workers and the -- the -- the tribal trainings that go on for all providers that get in the cultural practices that -- that are appropriate. So do we want to do that in our -- because I think that would be important?

All right. Anything else on work --

Oh, Marie. Do you want to add?

MARIE RAMAS: Just -- just to add in the preamble the concept of a team-based approach and upholding, respecting, and valuing a team-based comprehensive approach. And I think that would embody everything that we were just talking about.

ED EHLINGER: All right. Excellent. All right.

I am going to take the chair's prerogative, and we're going to take a five-minute break and come back. So five minutes.

(A recess was had from 11:07 a.m. until 11:17 a.m.)

ED EHLINGER: All right. Back at it. One more -- Kate had a nice thought here as we were talking about recommendation number 27. You know, here, we're focusing on making recommendation, "Encouraging states and territories to allow certified professional midwives," how -- how do we focus this on what the tribes get to decide, you know, independent of the states? Can we encourage -- facilitate tribal decisions

apart who practices in their communities which would avoid a lot of other kind of problems of what's a certified midwife and what states allow? I mean something I -- what -- what do people think about that kind of an approach?

CHARLENE COLLIER: Hey, this is Charlene in the air. I definitely agree with avoiding specific terminology on the type of birth worker or midwife in particular because there's so many credentials but I -- trained midwives is enough in accordance to, you know, tribal approved guidelines, or I just think broader is better that in -- in get into "licensed professional midwives" or "certified professional midwives" and then CNMs and as you mentioned, this is a such a broad range and -- and when you exclude one, it -- it -- it implies that we've excluded it intentionally. So I -- I do want to avoid that.

ED EHLINGER: Any other thoughts? I'm not quite sure where we go with this. Should we just leave it off the table?

MARIE RAMAS: I'm just trying to think about wording, so processing. So reflecting on particularly the -- the discussions over the last couple of days, a theme was a lack of acknowledgement of validity of traditional ways of birthing. And so I'm -- I'm wondering as we formulate this tribal decisions of who practices in their communities, it's really supporting, acknowledging, validating, providing funding what -- we can make is as broader scenario as we went to, but I -- I -- I wonder if the basis of this is that acknowledgement piece that although it may not be western that their ways are still and probably better in some respects.

ED EHLINGER: All right. Belinda, would you be able to actually take that concept and blend 27 and 28 to not make it necessarily about "certified" or not "certified nurse midwives" but allow tribes to use their traditional practices and allow them to decide who sort of practices within their areas of -- of jurisdiction and -- and population and really get at what Marie was

just talking about, you know, acknowledging that -- a lot of the traditional practices including midwives and doulas and others?

BELINDA PETTIFORD: And I'm merging 27 with 28 or are you just making that a new 28? I just want to make sure I'm clear.

ED EHLINGER: Yeah, I would -- I would think take 20 -- and take 27 and 28 and put them into --

BELINDA PETTIFORD: Together.

ED EHLINGER: -- to one.

BELINDA PETTIFORD: What --

ED EHLINGER: Somehow -- because it -- it's -- we're not going to get any agreement, I don't think, on the -- the level of licensure and accreditation and what -- the definitions of midwives are, you know, they're several different levels.

BELINDA PETTIFORD: So you're talking about the current 28 around Title V and merge it with it, or are you talking about new 28 --

ED EHLINGER: No, it's --

BELINDA PETTIFORD: A -- the new 28 that we -- we were -- that I was working on

it.

ED EHLINGER: Yeah, yeah.

BELINDA PETTIFORD: Okay. All right. Got it. All right. Then we're going to -- any other comments, we're going to move on to relationship among Title V in tribal communities?

KATHRYN MENARD: Just to -- to -- one clarity beyond -- the CPM things, everybody -- the CPM will be removed then, when we're sort of voting on things. The whole specifics of midwives will be very general and we won't get down to specific types of midwives and that recommendations; is that right?

ED EHLINGER: Right.

KATHRYN MENARD: That's great. And if anyone's interested, I'll send you the definitions of each. If you're interested in learning, I pull that as we were talking.

One piece that -- if I may while I have the microphone is that -- that still, I think needs to be put into this section is the -- and we heard this from our listening -- is that the -- the current workforce is

-- is -- is woefully under -- under informed about cultural input, about the historic influences of -- of where we are in this -- in -- in care of -- of -- of the American Indian/Native -- Native Alaskan population and that, I think, belongs in this section that there's a really kind of an urgent need to elevate the education and, you know, culture -- help -- help the current workforce to be current -- you know, culture -- be -- be able to provide culturally-appropriate care. And there -- there's a lot of primary care providers in this system, but they're going to need the subspecialist who just don't know how to go about this so I -- we just need build that in.

BELINDA PETTIFORD: I wonder, can we just pull that from the report we submitted last year? Because we focused a lot on equity and implicit bias training and diversifying the work force, and if we just pull that language into this one --

ED EHLINGER: That would be --

BELINDA PETTIFORD: -- and make it to

that --

ED EHLINGER: That was --

KATHRYN MENARD: -- specific to this population and -- and that will elevate the need to urgently kind of get that specific to this population too.

ED EHLINGER: All right. The Title V section, we had two recommendations there.

BELINDA PETTIFORD: We do. I think the one recommendation that we also looked at is, it's not clear to us which Title V sites are already collaborating. So we felt like at some point, I don't know -- and Lee, I don't know if you know if we can pull it out of the TBIS system or is there any way to know which sites are already doing this work? Because we're making the assumptions that it may not be happening but we really don't know.

LEE WILSON: We can use -- sorry. We can use TBIS to do a search and provide the information for those that have provided information that references that sort of collaboration and we have somebody can -- who can readily do that. What it won't

provide you is assurance that it's comprehensive.

BELINDA PETTIFORD: Understood.

LEE WILSON: Okay. And so I'm going to ask, Vanessa, if you could make a note of that to connect with DISH on getting that information for the committee.

BELINDA PETTIFORD: Because we were -- well, I mean I should say, I because ShaRhonda has thoughts as well, of course. We were supportive of, you know, making sure of what -- we were getting increased funds but we also know that it needs to be very clearly stated because, otherwise, once the money gets to states, unless it's listed in the data, it's say a requirement, it's still doesn't mean it's going to happen that way. So I -- we felt like it -- I felt like it needed to be stronger language in 28, and so I'll work on that.

LEE WILSON: Thank you. And we have had representation from DISH here at -- at the meeting, and so we'll be following up on -- on -- on that -- that with you.

BELINDA PETTIFORD: Thank you.

ED EHLINGER: ShaRhonda, did you have some other comment?

SHARHONDA THOMPSON: Yeah, along with what Belinda brought out, accountability. I do remember a panelist saying that, yes, states get the money but then states stand in between the money and the tribes and forbid the tribes from actually receiving the funds. And so if we add some type of accountability here or some type of recommendation for some type of accountability, then how can we ensure that the tribes will actually get access to those funds?

ED EHLINGER: Specific to Title V? I'm -- I'm not sure -- I'm not sure I was getting the -- getting the point.

SHARHONDA THOMPSON: Yeah. We're saying increase in the funding for the -- the Title V among this -- this is among the states. So if we're giving more funding to the states, how are we assuring that the tribes are actually receiving it because they mentioned themselves that, yes, the

state will have the funds but the state won't give the funds to the tribes. So how can we ensure that the tribes will actually receive the funds even if we're giving more funds to the states?

ED EHLINGER: Well, that would be the guidance of MCHB to -- to assure that that would happen.

BELINDA PETTIFORD: The reporting back mechanism --

ED EHLINGER: Yeah.

BELINDA PETTIFORD: -- and that's what --

SHARHONDA THOMPSON: So do we need requirements for the reporting, because right now, do we have any requirements that --

BELINDA THOMPSON: There are requirements in there now. It's just not specific to work of American Indian populations.

SHARHONDA THOMPSON: So that's what we would need.

ED EHLINGER: All right. Magda?

MAGDA PECK: I so appreciate that

review, and I heard several things yesterday that I wanted to -- not that we need to expand. But we also heard that there were some concern about states being gatekeepers for all things tribal. And -- and that was one of the questions raised by the urban Indian Health Centers. And so the assumption that Title V funding -- are we talking specifically or about block grant funding, or are we talking about Title V block grant and SPRANS, Special Projects of Regional and National Significance, which can potentially fund directly to communities and -- and not under formula.

And so I encourage us to -- to be clear about whether we're saying we want the block grant funding to include language around fostered partnership between states and their tribal communications within their jurisdictions, within their jurisdictions, the -- the state jurisdictions.

And then in addition, I think it -- it is important to look at investments utilizing other Title V mechanisms such as SPRANS to examine the relationship between

local health departments and other local entities and -- and to address urban Indian health issues or to -- so I just want to separate out whether or not we're being strategic in saying that may be later down the line and we are not going to touch urban. Because if we go to states, we're not talking urban necessarily.

ED EHLINGER: So why don't we have a little text right under D that explains Title V, that it is block grant and SPRANS and that our -- our goal is to increase American Indian involvement in that, and then have a -- had a third recommendation in this on -- related to SPRANS so when you have the first two related to the block grant, I believe, and then -- and then -- one for -- related to SPRANS.

BELINDA PETTIFORD: Right. I -- I just think the key thing is we need to say to increase funding for SPRANS too, because otherwise, you just moving money around.

MAGDA PECK: Exactly.

BELINDA PETTIFORD: So both areas because when I was reviewing Title V, I was

reviewing it from the block grant perspective, I was not thinking about SPRANS because SPRANS right now, is open to -- it doesn't always require a state to apply. It can be a tribe to apply, so it --

ED EHLINGER: Right.

BELINDA PETTIFORD: So the question is, how do we enhance that work and build upon it to let it spread? Understand?

MAGDA PECK: Right. And -- and -- and in the context of recognizing that 60 percent or more live off reservation, albeit not in major metropolitan area concentrations, as Janelle pointed out. A local strategy to compliment a Title V state strategy would be helpful. So I just -- I would be glad to help think about number 30 in collaboration with Belinda and -- and with ShaRhonda to be able to then say, you know, to increase funding through SPRANS and other mechanisms to invest directly in urban Indian health.

ED EHLINGER: Okay. That would be great. And if you could draft a couple of sentences just to explain the context or

the -- the SPRANS and -- and Title V of a block grant.

MAGDA PECK: I -- absolutely. And --

ED EHLINGER: All right. Thank you.

MAGDA PECK: Thank you.

ED EHLINGER: Let's go to number 3. Roman numeral -- give attention to special issues of incarceration, da, da, da, da. Any -- Marie, you were looking at those set of recommendations. Anything that you wanted to add to that?

MARIE RAMAS: I -- I did have a couple; one for the preamble just adding the word "historic devaluing," so making sure that we recognize that this has been ongoing and pervasive or historical, and then I think the preamble was fine.

I was wondering for number 30 on the recommendations, instead of relinquishing the development of state offices if a federal office would be -- would -- would underline the sense of urgency and consistency that -- that our speakers spoke about over the last couple of days. So I'm curious if that would be something within

our purview.

ED EHLINGER: It would, yeah. We -- I'm -- I'm not sure what's going on with the federal level but I know that the -- where this -- a lot of this information came was from some of our previous presentations to the committee and -- and the recommendations from these others that it was at a state level where most of the action was and this would be for the -- from the HHS secretary encouraging states to do it. So it would be a federal recommendation for states to do this.

MARIE RAMAS: I -- I guess I -- I also heard that there are discrepancies on -- from state to state as to how supportive of indigenous populations the states are. So I -- I would welcome any thoughts on how to strengthen that wording to assure that there's stability and standardization between states or encouragement of that.

ED EHLINGER: Magda?

MAGDA PECK: And to build on that -- thank you. I don't know if money goes to Albany whether or not New York City is going

to have any opportunity. And so I think the notion of making it an exclusively state focus of -- of impact.

Once again, we heard feedback about gatekeepers, so I am looking to see about the bill regional state and/or local offices with coordination. And that gives away that if you have a state without capacity, we could encourage there to be a -- and especially the stripes are not within -- jurisdiction is not within a state's jurisdiction. So if you add regional, you give -- you open the door for state-to-state collaboration. Just looking at the Lakota, you know, map yesterday from Dr. Warne, it's -- you know, you've got Nebraska, you've got -- and so the idea of -- of -- of that it could be regional, state, or local.

And that would play out again in number 31. So things are not necessarily putting as state specific and it gives a little bit more leeway for action from the Secretary.

MARIE RAMAS: Thank you. I can, perhaps, combine 30 and 31 and make -- and provide some wording between those two.

Another suggestion I had was for number 32; again, standardization of data, data collection protocols, that's one thing, but then how do you incentivize the work and linking funding to departments of -- of justice or, you know, to the state on how that can help improve rates of response. So I'm -- I'm curious to hear thoughts regarding that in considering a review board that is -- that is a reflective of the priority populations, particularly indigenous populations that are being served to identify root causes of the poor outcomes. So that was a consideration for 32.

I'll pause for any comments.

ED EHLINGER: Well, 31 talked about resources to investigate cases, but we could also maybe include some of the data issues in that adequate resources.

MAGDA PECK: Okay. And towards that end, strengthen systems interoperability and standardization so, you know, or invest in and so the idea that it's both -- it's data system's, it's the interoperability of the

data across sectors, and it is standardize data reporting and collection. And that combination will get you to a more system's approach as a suggestion.

MARIE RAMAS: Thank you. And 33 I -- I didn't have any additional comments for that. 34, the word "support," it -- was it placed there to be broad on purpose, or should we specifically provide examples of what support may look like?

ED EHLINGER: Yeah. This is a pretty generic recommendation. I'm not sure that it really even -- you know, it needs to be in there because it has no substance to it. It's just a --

MARIE RAMAS: Right. And so I was --

ED EHLINGER: -- nice thing to say but --

MARIE RAMAS: Yeah. So I was trying to think of, you know, is it that we're asking for a direct tribal liaison to state agencies regarding missing persons because it's that much of an issue? Like, how do we help to put some action behind the recommendation.

ED EHLINGER: So, you know, I think that the feeling behind this is this has not been an issue at all, so we're coming -- that has not risen to the level that it should have been. So we're just trying to get it off of -- away from home plate even to first base. So that's what I think some of these just raising the visibility of this and -- and a lot more needs to be done once it gets to be taken seriously as a -- as a major issue. So I think that's why some of these things are pretty generic.

MARIE RAMAS: Okay.

ED EHLINGER: I mean, I -- and I -- this is where we're not going to get it into the great detail, but it is raising the issue, and that's why I want to keep this one, this -- this section in here because it's not as strong as I would like, but it has some specific things in it, but it at least raises an issue, puts it on the HHS secretary's radar screen.

MARIE RAMAS: Well, that's helpful. Thank you. So I would -- I would suggest, then, instead of "support" to put

"promote" --

ED EHLINGER: Yeah.

MARIE RAMAS: -- and to combine 34 and 35, then --

ED EHLINGER: Okay.

MARIE RAMAS: -- and -- to -- to that end. And then the only other for 36 --

MAGDA PECK: If I may?

MARIE RAMAS: Please.

MAGDA PECK: 31 and 36 could be combined in a way that it's -- it, right now, separate states from the urban experience, and I just suggest that it's beyond "must address violence," and if you weave 36 into 31 and we could look at the language of that, it allows there to be, you know, a -- with a -- an inclusion of the urban Indian experience.

ED EHLINGER: Yeah, you know. And that -- that -- it -- that just break -- it simplifies it and it keeps the issue raised front and center, so I think that would be good.

MARIE RAMAS: Yeah. And thank you, Magda. In addition to that, I wanted to --

I -- I wanted to support the repeated references to -- to historic trauma, violence, and the need for continued training and education of state and tribal communities surrounding those areas, which I think would be helpful in this area as well.

ED EHLINGER: All right. I think in -- and in one of our earlier statements, we should say, "Historical trauma is affecting every single one of the issues that we will be addressing, you know, in this document."

MARIE RAMAS: Absolutely. And I -- I do think specific to this, this might be an area of opportunity of education from the Secretary's office on how to promote awareness around the issue, so to your point in trying to help promote awareness.

ED EHLINGER: Yeah.

MARIE RAMAS: Thank you.

ED EHLINGER: Great. All right. Let's look at expanding violence surveillance and universal screening. This is eight recommendations. And Kate and Magda were going to -- yeah. And Kate, I know you sent me some --

KATHRYN MENARD: Sorry. I sent some notes to -- to Ed last night but and -- and in thinking if his explanations, I'm not sure, you know, that if you're welcome to -- to -- to adjust but, yeah. There's two clinical sort of realm recommendations that I should put up first which is including universal screening and referral as the -- for in -- in reporting violence, substance use, depression, anxiety and evaluation of pregnant and postpartum, just making that in that routine. I mean, it -- that's a clinical recommendation as is improving identification of the postpartum women in the first year after -- after they deliver in an emergency department or hospital presentations, that risk for, homicide, suicide, and drug overdose, I would juxtapose that and put them first and then -- and then the other things are related to surveillance. Expand surveillance strategies, which I'm -- the numbers are -- got mixed up when I edited it, but keep that.

And them PRAMS, providing outgoing

support capacity for tribal PRAMS make sense as a -- as a surveillance strategy for this to me. I -- I -- I don't really have anything to -- and then requiring that the MMRC committees review the present -- pregnancy associated deaths is yet another surveillance and learning, you know, kind of more deeply about what's, you know, opportunities for -- for -- for change. So that's all sound surveillance.

I wondered whether the -- when you get into national violent death reporting systems whether that belonged in data. That was my previous question -- question. So and then technical assistance to state's related to that whether that belonged in the data section or not.

I thought that the identifying the impact of generational IPD was sort of, like, well, that's not really an action but maybe that's goes along with what you're saying as raise visibility, and so that is important.

ED EHLINGER: Yeah, it is important.

KATHRYN MENARD: So that's it. That's

all I got.

ED EHLINGER: Yeah. I was really support -- I thank you for those recommend -- I thought they were good. If you could forward what you sent to me to Belinda and Janelle and Magda, that would be helpful because I think they're taking the notes and --

KATHRYN MENARD: Okay.

ED EHLINGER: -- and -- and there's -- and there's a data recommendation that you had that we --

KATHRYN MENARD: Magda, did you have anything that you wanted to add to this as well? Did -- were there any things that you want to delete or add that?

MAGDA PECK: It's more about how we package it. I -- I think that this has some nice, very concrete things that we can work on. It allows us to be able to give the Secretary something to do now, and I just want to make sure we build, we -- we consolidate into, you know, expand existing surveillance systems to include. And then, you know, for PRAMS -- for the -- and so

that it -- it is very target and that we align the recommendations and where those particular systems reside. And I didn't know if, Charlene, you had any thoughts about this because most of this surveillance, when we talk about surveillance, we're talking about CDC across a couple of different sectors. So we had a little hallway conversation, but I just wanted to -- to -- to, again, thank you for being here and to see if you have any rec-- -- any advice or guidance for us.

ED EHLINGER: Charlene, I know you had some comments.

CHARLENE COLLIER: Yes, thank you. And I'll be brief because I know we have limited time. Following the last two committee meetings, my team and I got together and reviewed what MMRCs are doing, and we looked at the most recent four or five years of reports that had been published by different MMRCs. And the majority of them are already examining pregnancy-associated deaths and putting that out there for public view. So I -- I think that might be an area where you

could potentially consolidate recommendations because that is happening, and we can promote that happening more broadly as necessary.

I think specific to this population, one of the things that I wanted to share is that we have taken action based on the conversations from these meetings. And following this meeting early next week, we'll be releasing the first ever MMRC brief on pregnancy-related death among American Indian and Alaskan Native populations. And the numbers are small, but we tried to balance that with the need to get the information out to folks. So we'll be reporting on the -- the preventability recommendations for this population, the timing of death, and the leading causes both by race, ethnicity broadly and then specifically for this population because we think it's very important.

BELINDA PETTIFORD: And I think it's helpful for CDC to release it because I know, like, in my state we've not released American Indian because it may be one death,

and then you get into the whole issue of the number is so small that you can actually identify the person. So when CDC releases it, you're pulling it from across the country and that helps make sure that the information gets out while still keeping the families protected.

CHARLENE COLLIER: That's right. And I will see we employed a new methodology also based on the feedback of this committee where we examined multiracial and Hispanic persons who identified both as American Indian and in these other groups so that we could compile that information as well. So I just wanted to reiterate how valuable these conversations are for us and that we're trying to -- to take immediate action based on presentation and conversation.

MAGDA PECK: It would be really lovely if you, in your spare time, could send -- send at a note, Dr. Ehlinger a note just -- I think it's good, especially for newer committee members, to see what happens when recommendations are made. And maybe in addition to the attachment of the

forthcoming article, number one.

And number two, I think this is an extraordinary opportunity as we talk about strengthening methodology around small numbers is to look within each state, the portion of the state which has residents who identified as being Alaskan Native/American Indian if you got -- your state is somewhere around one and two percent, very small numbers. And so the idea that one or two of one or two percent, so putting in the denominator out and -- and is -- is an opportunity for education. So I think we talk that small numbers because we're hanging out at the numerator, but the idea that the denominator, I think that particular slide from Dr. Warne was very helpful to be able to see what the proportion is and who lives where within each state and that -- and, therefore.

And -- and the third is to think about whether or not it ever makes sense to aggregate within region and to do a regional analysis. Because I think there's a greater overlap or at least to understand the

overlap of the Indian Health Service, the HRSA designations and where tribes are just mapping will be helpful so we can see -- and if there's any opportunities to -- to aggregate where -- especially where tribes cross state lines. Thank you.

ED EHLINGER: And -- and that's where we -- and our recommendation -- or our requested to IHS we ask for some reasonable data, but it might be good in our discussion of the data section to talk a little bit more about regionalization.

JOY NEYHART: I -- I have a question for Charlene. Hopefully it's quick. Is there any work to -- to retroactively, more accurately identify women who have died and who have been misclassified as white because that's the default?

CHARLENE COLLIER: That's a great question. I think that's very challenging. We are supportive that -- for maternal mortality review committees specifically of them getting caught up and -- and reviewing deaths in -- in as a timely manner as possible. So some of them do have this

retroactive case review that's taking place and may take a bit longer.

In terms of the larger question, I think our partners at the National Indian Health Board yesterday brought up a great point that the Government Accountability Office has published a report about releasing data back to tribal epidemiology centers and made recommendations across HHS for that data to be released and returned. And our agency as well as others in the department are actively working on that. So that, I think, might answer your question.

JOY NEYHART: Yeah. I mean, I guess, it's really not -- really not so much your purview but the -- the article from I think it was Abigail Eagle Hawk about, you know, you're born -- you were American Indian or Alaskan Native and you die white.

ED EHLINGER: You know, Lee's got to leave. So any final words, Lee?

JOY NEYHART: Thank you.

LEE WILSON: Yes. Thank you. So thank you, Charlene, for that update on the data activities. I -- I do want to reinforce the

fact that we do hear what the committee has said and is making recommendations on both now and the previous recommendations that have been made.

As a result of that I do want to just let you know that while we were talking this morning, I got a notice that HRSA is having a coll- -- a quarterly collaborative meeting to share grant development design and future directions on a quarterly basis for us to be meeting regularly to have some of the discussions that you've been making recommendations about along the way. So there is progress going on internally as well as asking for these actions on the part of other people. We're trying to model that behavior as well.

I do need to leave to catch the same flight that Dr. Warne and Abigail left for before I decided I needed to be here for a little bit longer.

Vanessa, who is the official DFO and you see her picture up there. Vanessa has been here for the entire meeting. She will close out the meeting with you. In

particular, we want to get your input on the dates for the next meeting in December. So she will close out the meeting in my absence.

Before I go, though, I want to thank each and every one of you in the room and on -- on virtually who have been with us for this three days. Your input, your insights, your experiences have been really, really compelling, important for us all to hear, and hopefully guiding us in future actions on the part of the department. Thank you to the committee for your dedicated work in the evenings and the reading beforehand with the giant briefing book that you received. They are not all going to be that large.

Thank you to the logistics staff from LRG who did just a fantastic job with their first virtual meeting -- or their first hybrid meeting in a number of years.

Thank you to the speakers who are still here and to the HRSA staff who are here in the room as well as online.

And then thank you in particular to Janelle Palacios who had a -- a -- a very

deliberate guiding hand through all of these deliberations, the planning, the direction and just sort of, I think, not only a participant but a consultant in the process.

And finally, thanks for Dr. Ehlinger for just his fantastic guidance, guiding of the committee, and really being the catalyst for making a meeting like this happen.

So I appreciate all that you have done and I will offer you safe travels home, and we will be in touch soon.

ED EHLINGER: And we that you -- you for all your work and making this happen too. This would not have happened without Lee's intervention and -- and support.

All right. Winding down, let's talk about incarcerated patients.

JOY NEYHART: Can I call your attention to number 40 -- 40 and just ask for a little bit more specificity going forward? There are about 12 nurse researchers that are studying homicides of women, and I would suggest that there are two categories. There's a homicide of women and then there's femicide which is the killing by an intimate

partner, and I think the MR -- the -- the review board have a real opportunity to get to that level of specificity because the dynamics of those murders are very different, and -- and we know that there's also other injuries for pregnant women at the hands of partners or ex partners. And -- and I think it would -- we have an opportunity to learn more about that and I would suggest that, that -- that review boards look at who the partners were -- who the -- excuse me -- who the perpetrator is or of these pregnancy-associated homicides.

ED EHLINGER: Would you have some -- put together some recommend -- a recommendation that we could include?

JOY NEYHART: Yeah. I think we could just add homicide and/or femicide --

ED EHLINGER: Okay.

JOY NEYHART: -- to the wording. I think that we get at it. Yeah. And if you need some references, I could --

ED EHLINGER: All right.

JOY NEYHART: -- add those.

ED EHLINGER: All right.

JANELLE PALACIOS: Can we -- and maybe, Charlene, you can guide us on this, but as we have learned and experienced today and -- and many of us know this already, but as we were able to share an experience, that lived experience is definitely very important in all of this work. Is there a way that we could possibly recommend to formalize that lived experience for key informant and interviews are used in the maternal -- any kind of review board, that it is essential that there are included, that there are attempts at trying to get at the story and that is a requirement.

CHARLENE COLLIER: Thank you, Janelle. That -- that's an excellent suggestion. We -- we would love for the MMRCs to have the capacity to conduct key informant interviews. For some of these deaths, in particular homicide and those due to intimate partner violence, there is often not a lot of information in records, and records are primarily reviewed by these committees. We do think that implementing key informant interviews would be helpful

and provide that contextual lived experienced data that the committees need to review. So I -- I do think that would be helpful. I -- I think that would be the impetus for us to look for resources to help support that.

ED EHLINGER: Let's try to imbed that in one of the existing recommendations here because I think that's --

BELINDA PETTIFORD: I would -- I would add to it that it can be broad -- it can be another challenge because it depends on the legislation in your state as to whether it will allow you to do that. So that needs to be part of the conversation, definitely the resources because you do want the bodies. Because we would love to do it in our own state, but our legislation does not allow it. So it -- there is a second component to it. So it's very similar. You know, you could look at an MMRC very similar to a FIMR but, again, it's -- it -- what your legislation will allow in your different state and each state's legislation is totally different.

ED EHLINGER: So we may want to say require these certain things and encourage other things. You know, that -- that and encourage that.

BELINDA PETTIFORD: Strongly encourage.

ED EHLINGER: Yeah.

BELINDA PETTIFORD: Charlene has some questions.

CHARLENE COLLIER: I just wanted to add. Yeah, I mean --

ED EHLINGER: Go ahead, Charlene.

CHARLENE COLLIER: -- I think the ability to acknowledge the sovereign indigenous nations' capacity to hold reviews and in doing that can conduct informant interviews that they bring to committees so the state may not be able to. But as committee members, tribes can have the ability to interview their community and contribute to as -- as a point of the membership to the state committee meaning it's a kind of work-around. But indig- -- tribes themselves can have the capacity to interview and bring that wisdom to the committee so it -- it isn't necessarily

speak and nothing else. So it's just another way to kind of acknowledge their -- their -- their ability to execute on that. Thank you.

ED EHLINGER: Thank you. ShaRhonda?

SHARHONDA THOMPSON: So we do include that language in the recommendation 2B under "Prioritize the health of indigenous mothers and infants around FIMRs." Or do we just need to add MMRC to that language?

ED EHLINGER: Okay. Oh, good. All right. Let's look at incarcerated pregnant and postpartum women.

MARIE RAMAS: Yeah. So I -- I have some suggestions for wording, and I can certainly submit it to you all since you've got a lot of other things. So, for 45 in replacement of what is written and putting, "Identify standards of care and practices required in the provision of maternity care for incarcerated pregnant and postpartum people." So to be more inclusive and to be more specific and directive about what that universal health screening looks like.

ED EHLINGER: Okay. Yeah.

MARIE RAMAS: Number 46, providing health and pregnancy counseling and then I -- I -- I would like to add that supports both evidence based interventions surrounding physical, emotional, mental and cultural health that improve birth outcomes. So I think that addresses the social determinants of health that we spoke about.

47, I would suggest striking "as appropriate." I think we made it clear that evaluating and expanding is appropriate. So I -- I think that's redundant in -- in the wording. Otherwise, that's fine. And then I -- I suggest adding a -- a part C to number 47 that includes, "Requirement of training and documentation of prison staff regarding human treatment of pregnant and postpartum women." Again, asking for specifics and -- and I don't know if "require" too strong of a word from HHS but certainly "encouragement."

And then if I may, adding a 48 and 49. So for 48, "Encouraging breast feeding, pumping and lactation services for postpartum people."

And then 49, "To review and create guidelines on -- on accommodations for group support for pregnant and postpartum people that can support cultural resiliency within incarcerated settings."

I -- I also added a couple of others. One that can explore the creation or creating care management programming for pregnant persons who are incarcerated that would be -- that would be able to prepare pregnant persons mentally, emotionally for transitions intrapartum and postpartum both in-house and externally.

And then 51, mother-infant bonding and promoting mother-infant bonding delivery which will prevent continued ACEs advanced care -- advance outcome.

So I -- those are a few additional I can, again, share those with you. I'm curious to hear other's thoughts.

ED EHLINGER: Couple -- couple of things. A couple of those I think would fit in under 47A, B, C, D.

MARIE RAMAS: Yep.

ED EHLINGER: A couple of those things

would fit with that as oppose to having a new recommendation. And just to -- I put as "appropriate" in -- in number 47 because I try to find some of the data that support these programs and -- and there's not a lot out there. They're out there. They -- in theory, they seemed to be really good. I just didn't -- I wasn't sure that we would recommend, like, this Mothers and Infant Together Program. It seems -- sounds like it's a good idea, but I don't know if it works. I think it does, but you know, that's why I said, "As appropriate" and it was my way of sort of hedging that.

MARIE RAMAS: Okay.

ED EHLINGER: That -- that was the only reason I put that in there. Danielle, you hand -- you have your hand up. I'm sorry I didn't catch you earlier.

DANIELLE ELY: And I apologize, I don't know how that got hit.

KATHRYN MENARD: Looks like she didn't --

ED EHLINGER: Danielle, are you there?

DANIELLE ELY: Sorry, I was trying to

speak to you, and the mute on my computer was on as well as on Zoom. Yes. I did not intend to have my hand up. I apologize.

ED EHLINGER: Okay.

JANELLE PALACIOS: This is just a comment to think about her -- the very last recommendation in the previous because this ties in, this -- you know, any kind of universal screening that we advocate like ACOG did or IHS that all child bearing-age women will be screened universally for drugs or alcohol substance use, that it has repercussions in those communities, that children are taken away. CPS is involved. So if we don't have a treatment plan for these families and then you have a -- you live in a state or a locality that record -- that re- -- mandates that you report this substance misuse or substance use disorder or a -- you know any kind of violence that's going on in your family, which people might not want to share because they are worried, and there are also -- it's an obstacle to getting care in the first place. We are perpetuating that. We are putting them back

in the situation where they will use. They will self-medicate. There will be more violence. They will be imprisoned.

So I think that would be very mindful about how we handle that because I am not an advocate for universal screening in the situation where we have to mandate. We have to -- where reported mandate -- we are mandated reporters, and we have to share this information that has repercussions for the family unit and the community.

ED EHLINGER: Yeah. So this -- yeah -- and -- and then there's -- there's -- this is longer conversation, but outside of it, the prison system, there are different ramifications than when you're inside the prison system where you are already incarcerated. That's where the screening of -- you know, that -- you know, the implications are different in -- in these -- these two settings.

Can we put -- can we put that into some text to make sure that we're sensitive to those issues? Because the point is that some things that could be treated are being

missed. And I think -- and we may say where there is an active treatment program available, the -- don't screen just for the sake of screening. You don't screen to separate moms from babies. You screen to identify something that you can intervene in. And so we can put that into the text to at least have it there.

JANELLE PALACIOS: And -- and -- and I'm just going to say that one of our presenters shared she was alluding to the fact that next year supreme court case will hear, you know, ICWA the -- the whole issue about children taken away from families and -- and that has to do with identity. So it has to do with who native people are as a people, as a political designation. It has -- so it's a very important implications not just continuing the historical trauma, but it has very important implications that way.

So, again, without the -- who would like to partner with me on creating some language about this that, yes, screening it's important when there's treatment

available but also being mindful about the reporting of these situations that are just going to perpetuate these problems?

JOY NEYHART: I have something to add about that. One is with respect to -- to the reporting, I don't know how it works again in the lower 48, but in Alaska, the compacting has -- has returned control to native Alaskan people for their children. And so, you know, we don't have to call OCS. We can involve the -- the tribe and -- and there are better outcomes. There's that. So I don't know how -- you know, I don't know how -- how -- I don't know how it works in the lower 48. And then -- so could there be some wording about that? Like, are there -- are there mechanisms to avoid the state intervention and have tribal courts be the intervention, or is that -- does that not make sense? That's one.

ED EHLINGER: It -- it makes sense but how to put that -- in -- into a recommendation.

JOY NEYHART: Right.

ED EHLINGER: And I -- I think we

should try to -- to get the wording as best as -- and I would suggest that -- I mean, I -- I would defer to Janelle as the final arbiter on whether or not something related to this should go forward or not based on -- on your -- because you have a much better sense of the -- the secondary ram- -- and tertiary, quaternary ramifications of anything like this. But --

JOY NEYHART: Exactly. And then with respect to 47 and programs that -- that are intended to foster bonding and whatever, what we need is, you know, we know forced separation is a known detriment to a mother and an infant's physical and mental health. So how do we encourage, demand, whatever the ceasing the automatic removal of a newborn from their mother's immediate care for however long that she's incarcerated? I mean, I -- it may not be practical if it's a five-year sentence. However, maybe it really would be. Maybe the outcomes for that mother and that child would be so much better in the long run if we stopped separating them.

ED EHLINGER: Yes. And this is where some text ahead of this might just make that statement that we know that moms and babies need to -- should stay together.

Magda?

MAGDA PECK: The assumption here is incarceration is state, and I just want to bring out the relationship between jails, which tend to be local jurisdiction. And so if we could work later, given the time, to be able to keep that concept in but to assure the jurisdiction that we're talking about is -- also looks at the local level. So it -- it's -- the essence is all incarcerated women, but it also looks like partner with state so that every state within a -- state or locality, so it's one lens. We might have some language about differentiating of types of incarceration.

ED EHLINGER: And I think our -- our -- our intention by saying, "all incarcerated women" was everything, but you see it in other --

MAGDA PECK: Then point 47 got to state only. So I'm just -- I'm putting that lens

there again. And then the second is the universal health screening. Or I'm assuming there's pregnancy testing that's going on at -- we heard that was done at entry. We heard that the person who presented didn't know she was pregnant until she got tested at incarceration.

I'm also curious about conjugal visits and potential rape. And so the notion that it be not just at admission but ongoing, and that can be a context.

ED EHLINGER: I smile because how -- how deep do we want -- do we get into some of these things in terms of all the ramifications that goes on? You know, it's just.

MAGDA PECK: It could be a little bit there but just put it in there.

ED EHLINGER: I'm -- I -- Marie had made some suggestions, and I like those suggestions, and she's going to sift those forward. And we will look at this in terms of its -- the -- particularly the screening, the unintended consequences of that and make sure that we mitigate those as best we can.

ShaRhonda.

SHARHONDA THOMPSON: I have questions about the word "sizable." We already know that the population is small and in some states it's even smaller, three percent, one percent. So do we want to eliminate those states because we're using the word "sizable" or do we just want to say each state has one or more facilities for these pro- -- that includes these programs?

ED EHLINGER: I -- I -- I didn't hear -- I didn't get that.

KATHRYN MENARD: I like the -- I like the bringing that sizable piece. What is that? It's ill defined. But what we're really, you know -- why are we saying states again? You know, we keep kind of coming back to states, right? So is it really what we're trying to achieve is -- is access, right, is -- is -- is a system where everyone, right, can have with -- without -- you know, that's not specific either, but something that -- I don't -- I don't -- I don't have the right word, but we -- but put out there what, you know, acceptable, I

guess. Yeah. I'm struggling because I don't have the right word either. But I -- I guess I'm supporting moving -- removing "sizable."

ED EHLINGER: All right. Let -- let's move on to D, treatment of substance abuse and mental health problems. This is one where I don't -- personally I don't think we've spent enough time looking at the issue. I don't -- I mean, it's a huge issue and has lots of ramifications. I would suggest that we take this out, not that it's not important. We have to acknowledge that it's really important and it deserves a lot more attention, and we did not give it that attention.

So I'm not sure what people think about that. And we certainly have to say in the -- in the context piece that it is incredibly important. It's so important that -- that we did not have time. We did not have the resource -- this would take a lot of work to come up with that.

Magda?

MAGDA PECK: To be silent, especially

at this time with 8-8-8 and other -- from the Secretary's Office or touting Carolyn Johnson's bill, we're doing a lot of mental health. And it may be in the transmittal letter that we go on record as recognizing this as a core and essential issue and especially in light of trauma and that we look forward to -- to future opportunity to give it additional recommendations.

ED EHLINGER: And maybe that might be our recommendation. This is such an important issue that needs to be addressed. Or actually, we could address it to ourselves, to say, SACIMM needs to address this or somebody needs to address this in -- in more detail.

MAGDA PECK: Right. I'm just say -- yeah. I just -- the idea is not just take it out --

ED EHLINGER: Right.

MAGDA PECK: -- but -- but it -- it's a strategy question to not kick it down the road. And it also acknowledges some of the newest investments that are -- are being made and to assure that those investments

reach Indian country and American Indian populations.

ED EHLINGER: Marie? Oh, or -- I'm sorry.

PHYLLIS SPARKS: Well, I think if you do -- when I -- this was supposed to be my section, and when I did look at it, what's missing is the opportunity to talk about trauma-informed care or models. And so -- which is missing from, I think, the whole document. We talk a lot about the impact of trauma, but don't talk about using models of care that would address that.

So if you do leave it out, what I would suggest is maybe a little bit of wording somewhere in the document, maybe in the preamble of three that -- that in -- in caring for these sensitive issues, that models of trauma-informed care that have been culturally informed by key stakeholders and decision-makers would -- would be something we were moving towards or would high -- highly recommend for these issues.

So not only is universal screening a problem for mental health and substance

issues, it's also a problem when you talk about intimate partner violence because some states are mandatory report and not. And it's been my experience -- Maryland is not a mandatory report state, but CPS is often so overwhelmed that even if you call it's not like they are going to come out right away. And sometimes there are resources within protective services that you can get families hooked up with without necessarily having removal of children or -- or that kind of thing.

So I think it behooves us to think about those things when we talk about universal screening and -- and -- and the unintended consequences. And sometimes there are good consequences that can that come about too.

ED EHLINGER: So -- so given that, we may want --

TARA LEE: Can I just make one quick comment, just real quick?

ED EHLINGER: Yes. I would -- go ahead.

TARA LEE: Just -- is it -- can we use

this as an opportunity if -- since it is such a large topic and it's -- it's an area that we're going to want to focus on down the road, can we use this as an opportunity to request any data or information that will help us? Kind of -- is there any information we could get that we could request from HHS at this time as part of these recommendations? Just wondering going forward.

ED EHLINGER: Yeah. It -- given the conversation here, I think maybe we should leave this in, as -- as an area, acknowledge that our recommendations are going to be limited, in -- that it -- and one of the recommendations is do more work on this somehow to, you know, have either SACIMM or some other organization committee look at this in more depth and resources to do that. But take this opportunity to focus on trauma-informed care with evidence-based practices that we have and set the stage for, you know -- and -- and collect the -- I'm not sure, Tara, how -- what we would ask for in terms of the data that -- that would

be needed, but just as a -- as a -- as a placeholder and a statement that we recognize it's important. We didn't -- we -- we didn't have enough time and -- and expertise at this point to address it, and we will be moving forward with it down the road. So it's in there, and it highlights its importance.

And then the last one is Sudden Infant Death Syndrome. Phyllis, you had this -- this is also one of yours.

PHYLLIS SHARPS: Yeah. I thought they were all pretty good. I do think we need to add, for instance, on 53 key -- key -- key stakeholders and decision-making -- decision-makers should be a part of meaningful consultation. I would reword it there.

Number 56, I thought we could add "support indigenous practices such as," and the list there.

And then 58 and 59, I understand the goals there, but I'm wondering if they shouldn't just be language that's added to the preamble. You say -- there is a

sentence that says that we know that there are SIDS are appropriate for all racial and ethnic groups, but I think it would be really nice to highlight in that opening part that there are indigenous practices that support and reduce those kinds of things and funding for that should be continued. And then just go into the specific recommend -- the other four, five recommendations.

ED EHLINGER: Right. Yeah. I -- I think that would make some sense to put that in the -- the -- the text above.

PHYLLIS: Okay. I can take a stab at rewriting it.

ED EHLINGER: That would be -- that would be great. That would be great. All right. We've gone through all of these. Any things that we're missing? Any issues that need to be added that we haven't?

I mean, I get a sense that there's pretty much agreement on all of these recommendations. I don't see anybody saying I -- I -- I can't support this kind of thing. There -- there are some issues that

need to be clarified, particularly like unintended consequences of screening. The -- the -- and we're eliminating what I thought might be a little controversial relative to certification and accreditation. So I don't see anything. But Belinda?

BELINDA PETTIFORD: Yes. Belinda Pettiford. I think that all the recommendations are needed. I am concerned that it's a lot of recommendations and will -- do we need to figure out a way to prioritize them or to do better -- to do more grouping? Because, you know, once the list is so long, you just wonder how well people go back and use it. And so I -- that's where I am concerned about is that it's just so many of them. And not saying that any of them aren't important, but it is still a lot of recommendations.

ED EHLINGER: So we have -- oh, go ahead, Magda.

MAGDA PECK: We're on the same page here. The metaphor I'd like to offer is that we're packing for a really long, overdue trip, and we've laid out everything

that we'd like to get and take with us on the bed, and on the chair, all things that we did. We have limited luggage and the real question is, what's going to go in our carry-on bag because that's really all that's going to be opened initially.

So I'd like us to think about -- at the risk of -- you know, you have a transmittal letter, and then we've had the letter of the recommendations. And I'm wondering about an executive summary as a specific recommendation that would require us to call out or call in some of the -- the sort of a guide -- some instructions about what to do with the larger package and -- and truly put the spot light on that which cannot be left behind at this time with the greatest sense of urgency.

So the metaphor is, you know, we -- it's not so much you have to pack less, but it -- it -- everything will be weighty or they're going to charge us more and we may not be able to get it on board. So what's in -- what's in the carry-on bag that you then have the ticket that's your referral of

a transmittal letter?

ED EHLINGER: Yeah. I -- I don't think -- I don't think this is overwhelming. Because we really have four or five things: Prioritize American Indian and Alaskan Native women, workforce development, Violence, data, you know, and -- and SIDS. I mean, there were five areas -- I think there was five -- that we're making -- yes, there's a bunch of recommendations underneath, but each one of those are important. And that's what we're focusing on, and we're focusing on things that nobody else has really focused on -- not nobody else -- but really focusing on the workforce, working on the violence, particularly incarceration, and inter -- interpersonal violence, intimate partner violence, those, you know, so I -- I think it's simple. And -- and -- but there's a lot of numbers in there and how we package that so that's the cover letter, preamble, and then say if you want to get in depth in any of these areas here are some ways to get started.

But -- because otherwise, what do we take out? You know, what do we leave in the luggage that's going to get lost?

KATHRYN MENARD: You know, I want -- I want to comment, if I might. I agree with Belinda and Magda that it's a lot of recommendations and things will get buried. I -- Ed, I respectfully, kind of -- I think what you've -- you've said four, five: Intimate partner violence and SIDS are in there and they're rather specific among the field of so much that's important, which is -- all -- they're all very important. But -- but one big thing that I've learned and taken away from this is the -- and that's sort of missing from those big bullets is -- is the importance to really transfer the -- the -- the power to remove -- removed the barriers that are erected by the dominant culture. And -- and that's kind of what I have heard when we've listened, and I'd love to see that as kind of an overarching principle that's missing.

PHYLLIS SPARKS: That's exactly the frame -- like when I -- when you were making

the analogy about a trip, our destination is fewer women and children with poor health, poor mental health, and dying. The history is, we didn't do it right, and the government hasn't fulfilled promises. Fulfill these promises with the appropriate people having the power and the appropriate funding and those things will fall in place. I know -- I -- I worry that it sounds a little bit too trickle down, but here's here -- the end, here's what didn't happen that should have happened. Make this happen and we'll get there.

MAGDA PECK: Right. If I could just add, I think this is where consult and consultation is really helpful as -- as we're more out there. And I raise it as we question the same way that we all are concerned about the trade-off between being comprehensive and being efficient so that they'll read it. And we do not want to -- the unintended consequences of making it shorter is once again it should short shift. And so maybe we can just get some consultation beyond us.

I think we're tired. We're sated and -- and we want to do the right thing. And I think the end result is that these recommendations will be read, actionable, and acted upon with accountability that makes it different from other tomes that have been submitted.

And with that intention, there's no right way, and trust the leadership. I just want to raise it as a concern.

ED EHLINGER: So let's -- we'll do this: These are -- these recommendations are there. Are -- is anybody -- how they packaged, it is another issue? Does anybody have any concerns with the recommendations that we've gone through? Anything that -- that you would not be supportive of so that -- and -- and if anybody has any concerns with that, you know, let me know.

JANELLE PALACIOS: Can I ask, Dr. Warne had novel, innovative ways of trying to help tribal entities access more funding and one of them was to put in the Title V reporting that states would have to comment on how they were able to affect, you know, American

Indian/Alaskan Native populations. Is that something that we can enfold into our recommendations?

ED EHLINGER: I would think yes. I think that could be part of the Title V section for sure. I thank you for bringing that up. So add that one on. And I get a sense that we have agreement that these recommendations are there. How they get packaged -- they're -- so we won't add any new recommendations, so don't be surprised if new recommendations -- we may pare them down. We may package them differently.

I get a sense, also, that our -- our general belief of the message that we're trying to get is what Kate had mentioned, what -- the historical trauma, the generational issues, the dominant culture, the racism is also we're in agreement that this has to be addressed.

So with that, I think we -- I have enough to move forward to -- finalize this. My goal would be to -- however we package it, get it back out to you for -- as quickly as we can for your feedback, and if there's

anything that you're in disagreement of, we can address that. It -- I don't think it'll need a vote for the -- the group because it -- it'll be one, if you don't like it, we can take it out as opposed to, you know, we'll fight over trying to keep something in that might be disagree -- you know, disagreeable to some. But does that sound like a plan? And -- and I will try to get it out -- I mean, I would like to get it out before the election, so that -- you know, because attention will be diverse after that.

All right. Vanessa, we have a couple of people who are going to be leaving in four minutes.

VANESSA LEE: Sure, and we can do the scheduling online. I just wanted to draw your attention that our next meeting is December. It's going to be virtual, and we're looking at two days within the dates of December 6th, 7th, and 8th. So what I can do is just follow up with a Doodle poll. Again, December 6th, 7th and 8th, we just want to find two consecutive days, so either

the 6th and the 7th or the 7th and 8th to hold a two-day virtual meeting of the committee.

I know many of you agreed to extend your terms so that you could be part of that. And Ed, I'm hoping you still, after this meeting, have the energy agree to share that final one before you roll off. But that's just all I -- I think we wanted to establish as just that we are going to start planning for that. And, again, I will just follow up online with a Doodle poll to secure the dates that work best for the majority of you.

ED EHLINGER: Excellent. Good. And we may want to have some conversation. Do we need a two-day meeting, or do we need a one-day meeting. I mean, we -- given the fact that we spent three days here, I'm not sure we can make that decision as we get a little bit closer. Final comments in the two or three minutes? Belinda and --

MAGDA PECK: As a structural comment, you know, the -- I just want to verify the assumption that the three working groups

still are functional and available and augmentable between now and the end of the year under your leadership. And towards that end, the degree to which we can use them as a vehicle to get any -- not -- not additions, but feedback.

ED EHLINGER: Clarification.

MAGDA PECK: Clarifications. You know, very specific. So I was thinking about Janelle, Belinda, and I. And we may decide to do another joint meeting. So as just one thought that worked well because the overlap and particularly for these recommendations between day-to-day, the sovereignty equity. With all due respect to Dr. Calvin who has stepped out for the access and -- and -- and quality work group, but I just think that I want to extend that gratitude while we are here to all the members of the work group who volunteered their time, many of whom are still part of the -- I don't know how many people are still online in the last two minutes, but have stuck with us for the full two-and-a-half days and to all of you, both ex-officio and opt-in volunteer members of

our work group, thank you for helping us. And we're not done yet, and we'll be doing some joint communications in the next week or two to let you know how you continue to make a difference. So I wanted to make sure that their contributions were recognized.

ED EHLINGER: So anybody with input, send text -- or emails to Belinda, Janelle, Magda, and me and -- and Steve so that we can have that information collectively, and we'll put together a final report someway, and we'll use the work groups as appropriate in doing that.

JOY NEYHART: Thank you, everybody. I look forward to the December meeting. Joy.

KATHRYN MENARD: I have just one comment. As a new member, I'm in absolute awe of what Ed and Janelle and Magda and others have done in this, preparing for this and that product. And it's an amazing -- I mean, it's such a privilege to be here and an amazing body of work that you've put forward. So thank you so much.

ED EHLINGER: Oh, and I really appreciate everybody's input in this

meeting. The conversations around this table were just awesome. I -- I wish we had -- you know, I -- in -- in some of the other meetings, the -- the discussions weren't this rich, so I didn't build in enough time for the richness of the -- these conversations that could have gone on for -- and the fact that we were in person makes all the difference in the world. And so the -- you two, I know, have to leave really soon, so any comments that you have?

BELINDA PETTIFORD: No. I think what really set the stage for the meeting was having given us the opportunity to listen and to have, you know, the work that Janelle and you did to make sure that the community was here and we had an opportunity to listen to their perspectives, to me, is such a critical part of this meeting.

You know we started out, even when we were virtual, always having at least one individual with lived experience to share their experience, and I think it really centers us when we can continue to have that. And I would hope that the committee

moving forward will continue making sure that's a part of the process. And travel when you can.

ED EHLINGER: ShaRhonda, any thoughts you have?

SHARHONDA THOMPSON: I just appreciate the opportunity to be heard and that everyone is actually heard and respected. It just makes it easier to have that flow of conversation.

ED EHLINGER: And I think you need to know that I've heard several people from administration on saying, you know, we need more community voices like ShaRhonda's. You were a good example and model for what this committee really needs. We need more of those community voices. So thank you again. And I appreciated that -- the expertise you brought, the questions, the comments you made, really all on point. It was just fantastic for having you here.

Any other comments that people would like to make in the last minute?

MARIE RAMAS: I'm -- I'm ready for the ride. So being one of the newer members,

thank you for holding our hands through this process and helping us acclimate. And so we appreciate the trust that you're putting in us to continue the work forward. Thank you so much.

PHYLLIS SPARKS: Yeah. This was a really great first meeting. And I'm going to continue my ride with Marie.

ED EHLINGER: Very good. All right, the meeting is adjourned.

(Conference adjourned at 12:31 p.m.) f